



HRSICNOTE 1000
16 June 2002

HUMAN RESOURCES SERVICE AND INFORMATION CENTER NOTICE 1000

Subj: CH-8 TO HRSICINST M1000.2A, PERSONNEL AND PAY PROCEDURES MANUAL (PPPM)

Purpose This notice publishes changes to HRSICINST M1000.2A, Personnel and Pay Procedures Manual (PPPM).

Action Addressees shall enter page changes as indicated in the Procedure section of this Notice.

Summary A side bar in the margin marks the significant changes. Significant changes are summarized as follows:

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*NON-STANDARD DISTRIBUTION: See page 6

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Changes Chapter 2, Page 2-A-1 thru 2-A-8; Various changes reflecting BAS reform and CGHRMS implementation; Medical Manual, COMDTINST M6000.1B announced implementation of direct mailing of health records from CG Clinic or independent duty Health Services Technician to the receiving medical facility.

Chapter 2, Page 2-B-7 thru 2-B-8; Adds User Identification and Password to “Critical Elements” of the Unit Travel System (UTS) Process.

Chapter 2, Page 2-B-13 thru 2-B-14; Updates process for designation and procedure to designation a UTS AO.

Chapter 2, Page 2-B-29 thru 2-B-32; Changes reflecting BAS reform.

Chapter 2, Page 2-B-37 thru 2-B-40; Changes reflecting BAS reform.

Chapter 2, Page 2-B-44 thru 2-B-49; Renumbered only.

Chapter 3, Pages 3-B-1 thru 3-B-26; Numerous changes to policy reflecting changes implemented by the launch of CGHRMS.

Chapter 3, Pages 3-B-5 and 3-B-7; Ensure members receive Thrift Savings Plan (TSP) Withdrawal package.

Chapter 3, Pages 3-B-20 and 3-B-25; Ensure members receive Thrift Savings Plan (TSP) Withdrawal package.

Chapter 4, Pages 4-C-1 thru 4-C-4; Changes reflect upgrades to CGHRMS in Competencies dimension.

Chapter 4, Page 4-C-11 thru 4-C-12; Changes reflect upgrades to CGHRMS in Competencies dimension.

Chapter 5, Page 5-A-1 thru 5-A-2; Removes direction to notify insurance companies in case of death.

Chapter 5, Pages 5-A-7 thru 5-A-20; Various changes to policy on completion and distribution of SGLV-8285 and SGLV-8286. Addition of section on SGLI Family coverage. Reflects changes to casualty reporting examples in Enclosure 7.

Chapter 5, Pages 5-C-3 thru 5-C-6; Various changes to policy reflecting CGHRMS implementation.

Chapter 5, Page 5-C-9; The memorandum has replaced the rapidraft letter as the standard of communication.

Chapter 5, Pages 5-D-11 thru 5-D-12; Various changes to policy reflecting CGHRMS implementation.

Chapter 6, Page 6-A-1 and 6-A-2; Changes to payment delivery method options. Members should be encouraged to use CGHRMS Self Service to change direct deposit information.

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Changes,
continued

Chapter 6, Page 6-C-1 thru 6-C-6; Mobile units as of October 1, 2001 are authorized Level 1 CSP. Special and advance payments to deployed personnel are no longer necessary as all members are required to utilize direct deposit.

Chapter 7, Page 7-A-5 and 7-A-6; Effective November 17, 1998, Hostile Fire Imminent Danger Pay is not prorated for members separating during a qualifying month. Entitlement is paid for the full month regardless of subsequent separation.

Chapter 7, Page 7-B-1 thru 7-B-2; Replaces procedure for reporting missed meals.

Chapter 7, Page 7-B-7 thru 7-B-8; Changes reflecting BAS reform.

Chapter 7, Page 7-C-1 thru 7-C-2; Includes new areas (Operation Enduring Freedom) eligible for Savings Deposit Program effective 1 January 2002.

Chapter 7, Pages 7-D-1 thru 7-D-5; Various changes to CSB program.

Chapter 8, Pages 8-A-1 thru 8-A-6; Various changes to policy reflecting CGHRMS implementation.

Chapter 8, Pages 8-B-1 thru 8-B-4; Directs those members with access to CGHRMS to update Federal and State Income Tax information in CGHRMS.

Chapter 8, Page 8-B-7 thru 8-B-8; Active Duty members who are residents of Minnesota are now exempt from state taxes while stationed outside the state.

Chapter 8, Page 8-B-11 thru 8-B-12; Raises ceiling amount of taxable military pay exclusion for duty in combat zone. Changes reflecting implementation of CGHRMS.

Chapter 8, Pages 8-C-1 thru 8-C-7; Section on Thrift Savings Plan (TSP).

Chapter 9, Page 9-A-5 thru 9-A-6; UDC will deduct payment for uniforms from member's pay via PMIS/JUMPS input with exception of emergency uniform issuances which are collected via submission of a PAA.

Chapter 10, Pages 10-A-1 thru 10-A-9; Introduces Enlisted Employee Review Worksheet (EERW) in place of Enlisted Performance Evaluation Form (EPEF).

Enclosure 4, Page E-4-1 thru E-4-9; Includes section on Thrift Savings Plan (TSP) in letter to members separating from the Coast Guard; require EMPLID vice Social Security Number on CG correspondence; various changes reflecting CGHRMS implementation; CG standard correspondence is now Memorandum vice Basic Letter.

Enclosure 6, Page E-6-7 thru E-6-8; Changes to names of rates and addition of IT rating to list of rates restricted to members without U.S. citizenship. Changes to names of rates restricted to those members diagnosed as color blind.

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Enclosure 6, Page E-6-11 thru E-6-14; Changes to referenced sections of Personnel Manual. A&R-2 on page E-6-14 changed to reflect new policy of indefinite reenlistments for those members with 10 years of service.

Enclosure 6, Page E-6-17 thru E-6-18; Corrects reference to Personnel Manual for CG-3307, Advancement and Reduction (A&R-10).

Enclosure 6, Pages E-6-39 thru E-6-44; Includes requirement for counseling members on Thrift Savings Plan (TSP).

Enclosure 6, Pages E-6-47 thru E-6-50; Includes requirement for counseling members on Thrift Savings Plan (TSP); new entries on SELRES Enlisted Bonus Program.

Enclosure 7, Pages E-7-1 thru E-7-8; Various policy and procedural changes to Casualty Reporting.

Enclosure 8, Pages E-8-1 thru E-8-66; School codes available in CGHRMS.

Enclosure 10, Pages E-10-1 thru E-10-11; Award codes available in CGHRMS.

Appendix C, Page C-43 thru C-44; Note regarding deductible time for leave following TAD periods when career sea pay stops.

Appendix C, Page C-43 thru C-44; Corrects computation of Creditable Sea Duty. Leave taken en route to TAD is not deductible for Sea Pay purposes.

Appendix F, Page F-3 thru F-8; Various changes and additions as a result of BAS reform. Adds contributions to Thrift Savings Plan (TSP) to list of possible DEDUCTIONS in block 27 of the LES.

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5. **Comments and Recommendations:** Comments or recommendations may be submitted by E-mail to "HRSIC-PRC@hrsic.uscg.mil" or by returning the comment form on Enclosure (11) of this manual.



K. A. ROTH

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Appendix (E) - Vacant

Appendix (F) - You and Your LES

Section Overview

Introduction This section will guide you through the Permanent Change of Station (PCS) process.

In this section

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The PCS Transfer Process	2-A-2
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The PCS Transfer Process

Introduction The transfer process depends on communication between many participants. This process is broken down into stages identifying what needs to be completed and who is responsible.

Process This is the process.

Stage	Who does it	What Happens
1	Member	Prepares Electronic Assignment Data Card (E-ADC) using the CGHRMS Self Service Web Site at http://cghrms.osc.uscg.mil
2	Issuing Authority	Issues transfer order on the Airport Terminal CGHRMS
3*	PERSRU	Notifies unit when order is received if unit does not have access to CGHRMS
4*	Member/Unit	<ul style="list-style-type: none"> • Completes PCS Departing/Separation Worksheet (CG HRSIC-2000) and Departing TDY and PCS (JFTR, Chapter 5) Entitlements Worksheet (CG HRSIC-2003) and PCS/TEMUINS To "A" School Worksheet (CG-HRSIC 2001) if applicable and forwards to PERSRU • Schedules appointment with servicing Transportation Officer (TOPS site) to arrange shipment of HHG
5*	PERSRU	Prepares SDA II PCS Departing Transactions (CG-5131)
6*	PAO/HRSIC (TVL)	If requested, will process travel advances (preferably by facsimile)
7*	TO (TOPS site)	Counsels member and arranges shipment of HHG
8*	Unit	Endorses order upon departure
9*	PERSRU	Approves and transmits SDA II PCS Departing Transactions
10	Member	Reports to new unit, prepares <ul style="list-style-type: none"> • Travel claim DD-1351-2 (for self and dependents) • PCS Reporting Worksheet (CG HRSIC-2005) • BAH/Housing Worksheet (CG HRSIC-2025)
11	New Unit	<ul style="list-style-type: none"> • Endorses order with date and time reported and messing status (e.g. REG BAS, ENL BAS, ENL BAS MINUS DISCOUNT MEAL RATE) • reviews travel claim(s), and forwards to HRSIC (TVL) with original order • forwards worksheets to PERSRU w/ copy of the endorsed order
12	PERSRU	Completes SDA II PCS Reporting Transactions
13	HRSIC (TVL)	Processes travel claim(s)
14	Member	Prepares new E-ADC. (No longer required for officers per ALCGOFF 048/00)

*The PERSRU and unit are to build a relationship that ensures these procedures are completed using the most expeditious means possible.

Section A
PERMANENT CHANGE OF STATION

PCS Departing Checklist

Introduction This checklist has been provided as a job aid to assist the unit/PERSRU in completing all necessary tasks required for departing PCS. This job aid is designed to be reproduced locally.

Departing Checklist Action upon receipt of a PCS Order.

Step	Action	Reference	Date
1	Ensure member is eligible for transfer	4-B PERSMAN, 2.A.2.a TRNG & ED. Manual	
2	Ensure member meets obligated service requirements for transfer	4-B-6 PERSMAN	
3	Ensure member meets requirements for overseas transfer (if applicable)	2-A-6 PPPM	
4	Complete member screening for assignment to semi-isolated units (if applicable)	4-A-9 PERSMAN	
5	Complete NAVPERS 1330/2 Navy Sponsor Notification if member requests a sponsor.	4-A-15 PERSMAN, ALCOAST 049/00	
6	Counsel member on PCS travel entitlements, when completing PCS Entitlements Worksheet (CG HRSIC-2003)	Chapter 5 CGS-JFTR	
7	Verify member's entitlement to FSH and/or FSA-R and BAH allowances	3-F PAYMAN	
8	Complete PCS Departing/Separation Worksheet (CG HRSIC-2000), and PCS/TEMDUINS to "A" school worksheet (CG HRSIC-2001) if applicable	Encl. (1) PPPM	
9	Complete performance evaluation Mandatory - if on the date of detachment 92 or more days have elapsed since the last performance evaluation was completed Optional - if on the date of detachment less than 92 days have elapsed since the last performance evaluation was completed	10-B-5 PERSMAN	

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Section A
PERMANENT CHANGE OF STATION

PCS Departing Checklist, Continued

Departing Checklist (continued)

Step	Action	Reference	Date
10	Review PDR	COMDTINST M1080.10 (series)	
11	Ensure member has a valid ID card	5-D-4 PPPM	
12	Verify that member's dependents are enrolled in DEERS	5-B-17 PPPM	
13	Ensure member meets weight standards	Weight Instruction	
14	Prepare SDA II PCS Departing Transactions (PERSRU)	Chap 3, SDA-II User Manual	
15	Complete SF-1038 for travel advances, if requested	2300 CGS-JFTR	
16	If requested, fax original order and SF-1038 to HRSIC (TVL) for travel advances	2300 CGS-JFTR	
17	Ensure member has an appointment scheduled with transportation office (TOPS site) to arrange shipment of HHG	None	
18	Transfer Government Travel Charge Card account to coordinator at the new PDS	Charge Card Instruction	
19	Return order to unit/member (PERSRU)	PPPM	
20	Ensure security debriefing is conducted	PERSEC	
21	Distribute order	PPPM	
22	Forward PERSRU PDR and Unit PDR to receiving PERSRU	COMDTINST M1080.10 (series)	
23	Ensure medical record custodian forwards Medical PDR directly to the receiving medical facility via certified mail.	MEDMAN	

Section A
PERMANENT CHANGE OF STATION

PCS Reporting Checklist

Introduction This checklist has been provided as a job aid to assist the unit and PERSRU in completing all necessary tasks for reporting in from PCS. This job aid is designed to be reproduced locally.

Reporting checklist Action upon member reporting

Step	Action	Reference	Date
1	Endorse order	2-A-2 PPPM	
2	Verify member's entitlement to FSH and/or FSA-R, and BAH allowances	3-F PAYMAN	
3	Complete PCS Reporting and BAH/Housing Worksheets and forward to PERSRU with copy of endorsed order	Enclosure (1) PPPM	
4	Update mailing address in CGHRMS	5-D-11 PPPM	
5	Update address in DEERS.	5-B-17 PPPM	
6	If applicable, ensure member completes Allotment and Bond Worksheets so addresses for allotments and bonds can be updated	Enclosure (1) PPPM	
7	If member is from one of the states which taxes military pay while the member is stationed in the state, or stops taxing military pay once a member is no longer stationed in the state, ensure member submits state tax withholding form	8-B-3 PPPM	
8	Ensure member completes travel claim for self and dependents, if applicable	2-B-4 PPPM	
9	Ensure supervisor reviews travel claim and initials block 16 within 2 working days	2-B-4 PPPM	
10	Ensure the travel claim and original order are forwarded to HRSIC (TVL) for processing	2-B-4 PPPM	
11	Conduct security briefing	PERSEC	
12	Ensure member submits a new Electronic Assignment Data Card (E-ADC) within 6 months. . (No longer required for officers per ALCGOFF 048/00)	5-D-11 PPPM	
13	If applicable, ensure Government Travel Charge Card account was transferred from old PDS	Charge Card Instruction	
14	Ensure member has a valid ID card	5-D-4 PPPM	
15	Ensure a performance evaluation was completed by the previous unit within 92 days of detachment	10-B-5 PERSMAN	
16	Complete a new CG-4170A	5-A-2 PPPM	
17	Review PDR	COMDTINST M1080.10 (series)	

Section A
PERMANENT CHANGE OF STATION

Overseas Transfer Checklist

Introduction This checklist has been provided as a job aid to be used when a member receives an order for overseas. It is designed to be reproduced locally and should be used along with the PCS Departing Checklist

Step	Action	Reference	Date
1	Ensure that message concerning overseas transfer with list of screening questions is received from the overseas command to which the member is ordered.	4-H-4 PERSMAN	
2	Interview member and/or dependents for suitability within 10 days of receipt of transfer order. Use the “Command Checklist for Overseas Screening” , Exhibit 4-H-2 of the PERSMAN and the list of screening questions sent by the overseas command to complete the interview.	4-H-2 PERSMAN	
3	Ensure the servicing PERSRU supervisor has verified for completeness and signed the “Command Checklist for Overseas Screening” , Exhibit 4-H-2 of the PERSMAN .	PERSMAN	
4	Ensure the member and dependents are medically qualified for overseas transfer. The member must have an approved overseas physical including immunizations and any essential dental treatment completed within the last 6 months.	4-H-3 PERSMAN 3-A-7 MEDMAN	
5	Ensure member and dependents <ul style="list-style-type: none">• have valid ID cards• have International Certificates of Vaccination PHS-731 (if required)• are provided with detailed information concerning tour length and have elected an appropriate tour• are counseled regarding overseas station allowances when member is assigned to a restricted area and dependents reside in an area outside the U.S.	4-H-7 PERSMAN	
5	Ensure that the member has made arrangements for passports if required.	Passports Instruction	
6	Ensure member, if in pay grade E-2 thru E-6, has a valid drivers license.	4-H-7.d PERSMAN	
7	Send request for entry approval message to overseas command. Note: Need to ensure that the overseas command has received a copy of the Command Checklist for Overseas Screening prior to requesting approval.	4-H-9.a PERSMAN	

Automatic Stops of Pay and Allowances

Introduction Certain pay entitlements are automatically stopped when the departing or reporting endorsement on orders transaction processes.

References

- CG Pay Manual
Chapter 3, Allowances
Chapter 4, Special Pay
Chapter 5, Incentive Pay
- JFTR, para. U9100, Housing and Cost -of-Living Allowances

Auto Stops on PCS This table shows which pay entitlements will be automatically stopped when PCS transfer occurs.

Note: Automatic stops will not occur on interoffice transfers.

Entitlement Description	When the Entitlement Stops
Basic Allowance for Housing - Child (BAH Diff) (Codes P, Q, or R only)	On the day prior to reporting
Basic Allowance for Housing (BAH)-Without Dependents	On the day prior to the effective date of departure (E-4 with less than 4 years of service and below only)
Basic Allowance for Housing - Partial (BAH Partial)	On the day prior to the effective date of departure
Enlisted Discount Meal Rate deduction	On the day prior to the effective date of departure
Enlisted Basic Allowance for Subsistence (ENL BAS, REG BAS)	At 1859 on the effective date of reporting PCS
Career sea pay/time and premium	On the effective date of departure
Combat Tax Exclusion	On the last day of the month of the effective date of departure
CONUS Cost of Living Allowance (CCOLA)	On the day prior to the effective date of reporting

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Section A
PERMANENT CHANGE OF STATION

Automatic Stops of Pay and Allowances, Continued

Auto Stops on PCS (continued)

Entitlement Description	When the Entitlement Stops
Cost of Living Allowance (COLA), with or without dependents and partial	On the day prior to the effective date of departure
Crew flight pay (enlisted only)	On the effective date of departure
Diving Pay	On the effective date of departure
Family Separation - Housing (FSH) and Family Separation Allowance (FSA-S only)	On the day prior to the effective date of departure
Family Separation Allowance (FSA-R and FSA-T only)	On the day prior to reporting, less any leave, proceed time or compensatory absence
Hardship duty pay-location	On the effective date of departure
Hostile Fire, Imminent Danger Pay	On the last day of the month of the effective date of departure
Noncrew flight pay	On the effective date of departure
Overseas Housing Allowance (OHA), with and without dependents	On the day prior to the effective date of departure
Responsibility Pay	On the effective date of departure
Special Duty Assignment Pay (SDAP)	2400 on the day before the member departs PCS
Special subsistence (SPEC BAS)	On the day prior to the effective date of departure

Section Overview

Introduction This section prescribes processes completed for the execution of Temporary Duty (TDY).

In this section

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The Temporary Duty (TDY) Order

Introduction	It is critical for both Coast Guard travelers and their supervisors to understand the administrative responsibilities for completing and reviewing TDY Travel Orders and Travel Claims.
For the Traveler	The traveler is the single most important person involved in the travel claim liquidation process. Without a properly completed claim, full reimbursement will not be possible.
Purpose of a TDY Order	The Temporary Duty (or TDY) Order establishes the conditions for official travel and transportation and provides the basis for traveler entitlement and reimbursement. An effective TDY Order provides information that is clear and is complete.
Requirements for a TDY Order	<p>The written TDY order is a document that meets several practical and mandated administrative requirements. The travel order expresses:</p> <ul style="list-style-type: none">• Detailed information for personnel or agencies to provide support services to the traveler, (i.e., Travel Management Centers, Commercial Ticketing Offices (CTO), Transportation Officer, etc.) about the authorized traveler.• Accounting information to enable correct funds accounting.

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Unit Travel System (UTS) Process, Continued

Critical Elements

These “Critical Elements” should be addressed to successfully manage the UTS process at your unit:

Number of UTS Approving Officials. Designate enough UTS Approving Officials at your unit to approve UTS transactions and avoid backlogs or process delays. It is recommended that one UTS AO be designated in each section, or otherwise at a ratio of 1:12.

Obligating Travel Funds. UTS *will not* obligate travel funds. Normally, the obligating of funds is done prior to creating travel orders. Coordinate the flow & timing of this activity with Accounting or Admin offices. Develop internal procedures that streamline and coordinate this activity at your unit.

Empowering UTS Approving Officials. It is critical to empower UTS AO’s by granting them the authority to request, retrieve, and input Travel Order Numbers (TONO’s/Document ID numbers) in UTS. The UTS AO cannot approve a UTS transaction without first having a valid TONO and fund accounting string. Develop internal procedures that streamline and coordinate this activity at your unit.

Record-keeping. The traveler shall maintain complete and accurate records of all travel claims for 6 years and 3 months.

Airline or Hotel Reservations. Use your designated Travel Management Center and coordinate this activity at your unit.

User Identification and Passwords. User identification and passwords are the most common method of controlling access to the system. Identification involves the identifier or name by which the user is known to the system (e.g., user). Each user should have a unique user identification and password. Passwords will be eight or more characters long and should be alphanumeric. The traveler is required to change their password and confirmation codes every six months.

User Categories

There are four categories of UTS users, each with a different role and responsibility. These UTS user categories are:

1. Traveler
2. Proxy
3. Signature Proxy
4. Approving Official

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Section B
TEMPORARY DUTY

Unit Travel System (UTS) Process, Continued

User Categories/Privileges UTS allows users more than one access capacity, if authorized. In UTS, the term “VIEW” is used to identify a particular user category. Each user category comes with certain access privileges. To change your “VIEW”, use the SET VIEW command to utilize one of the following User Categories:

USER CATEGORY	UTS SET VIEW STATUS	THIS PRIVILEGE CAN...	HOW TO SET PRIVILEGE
TRAVELER	Set View: Traveler	Create your own travel documents and forward to a Unit AO for approval.	Set automatically, this is a basic, universal user setting.
PROXY	Set View: Proxy This privilege supports all travelers of the same business unit.	Create all travel documents on behalf of another traveler, BUT such documents can only be forwarded to the traveler.	Set automatically by unit OPFAC number. Any traveler can act as a proxy for another member of the same unit.
SIGNATURE PROXY	Set View: Proxy This privilege only supports one specific traveler.	A traveler can designate another user (Proxy) to create, sign for, and forward travel documents to a Unit AO.	The traveler would designate a signature proxy, someone of the same unit, in the Personal Profile, Security & Access Information.
APPROVING OFFICIAL Administrative Reviewer	Set View: Authorizing This privilege supports all travelers of the same unit or as designated.	Approves travel documents. Ensures that mission was completed and that travel expenses were reasonable, justified, and consistent with the mission.	Each business unit designates enough AO's to keep UTS work flowing. ONLY HRSIC Travel can turn on and off AO privileges

Section B
TEMPORARY DUTY

Approving Official (AO), Continued

Designation UTS profiles must be set up with user's password and general information required prior to faxing a request for UTS AO designation. UTS AO designation requests without a member's basic profile will not be updated in UTS by HRSIC.

Procedure To designate a UTS AO, utilize CG HRSIC Form 7421 (Enclosure 1).

1. Complete the first three sections of the form at the unit level.
2. Fax the form to HRSIC Travel at (785)-339-3774.
3. Upon receipt, HRSIC Travel will enable AO privileges in UTS.

Six helpful links can be found on CG HRSIC Form 7421 to aid members accessing UTS. The unit shall retain the original CG Form 7421 until the member/ employee departs the unit (transfer, discharge, etc.), or the UTS AO designation is otherwise terminated or revoked.

Terminating Privileges To terminate UTS AO designation and privileges, complete the final section of CG HRSIC Form 7421 and fax to HRSIC Travel at (785) 339-3774.

Section B
TEMPORARY DUTY

HRSIC

Introduction As the Process Owner of UTS, HRSIC (TVL) conducts system management, maintenance, and development.

Support Services This list identifies UTS support services provided by HRSIC (TVL).

Service	Description
Technical Support	Assistance troubleshooting UTS software errors, providing feedback to the field, and reporting corrections and enhancements to programmers.
Maintenance	Download/update UTS database(s) of AO's, user profiles, CG standard accounting lines, city per diem rates, and Reimbursable Agreement Numbers (RAN).
Travel Entitlement Computation	Process UTS transactions through IATS to calculate entitlements.
FINCEN Liaison	Act as liaison by releasing IATS data electronically to FINCEN for payment processing and resolving reported errors.
Reports	Provide query reports of value to units. This includes Travel Voucher Summary's (TVS).

Pay Entitlements Affected by TDY

Introduction Some pay entitlements may be affected by TDY assignment. The PERSRU/unit must ensure the traveler is aware of all entitlements affected by TDY orders.

Reference CG Pay Manual

- Section 3-B, Basic Allowance for Subsistence - Enlisted Members
- Section 3-F, Family Separation Allowance (FSA)
- Section 4-A, Hardship Duty Pay - Location
- Section 4-B, Career Sea Pay

Affected pay entitlements Use this table when counseling a member on which pay entitlements may be affected by a TDY order.

WHEN member goes TDY	THEN member
to a career sea pay eligible vessel/mobile unit,	is entitled to sea pay/time at the Level One rate (unless the member is permanently assigned to a CSP-eligible unit with a higher level of sea pay).
to a unit without a government dining facility	is entitled to ENL BAS (or grandfathered REG BAS) while TDY (both during travel and while at the TDY site).
to a unit with a government dining facility,	is entitled to ENL BAS (or grandfathered REG BAS) during travel days, and ENL BAS minus DISCOUNT MEAL RATE while at the TDY site.
to a shore unit from a career sea pay eligible vessel/mobile unit over 30 days,	is not entitled to sea pay after 2400 on the 30th day.
over 30 days and has dependents	may be entitled to Family Separation Allowance (FSA-T).
from a career sea pay eligible vessel,	may not combine ship underway time with TDY time to qualify for FSA-T.
over 30 days	MAY lose entitlement to hardship duty pay-location and/or diving pay.
away from overseas permanent station	entitlement to Family Separation Allowance - Housing (FSH) will terminate on the 59th consecutive day of TDY.

Section B
TEMPORARY DUTY

Preparation of TDY Order (CG-4251) Blocks 1-11

Introduction The CG-4251 is a form for issuance of civilian and military Temporary Duty (TDY) orders. The CG-4251 can be prepared using JetForms Filler software or a typewriter.

Procedure Here are specific directions to complete blocks 1 through 11 of the CG-4251.

Block	Entry	Ref.
1. Name	For individual travel enter the traveler's name in the following format: LAST, FIRST, MI, SUFFIX	
	For group travel enter the senior traveler's name in the following format: LAST, FIRST, MI, SUFFIX, AND GROUP (SEE ATTACHED)	PPPM 2-B-11
2. Grade/Rate	The traveler's rate/rank and pay grade Example 1: MK2/E5 Example 2: LTJG/O2	
3. DIV/Branch	The traveler's command (and staff symbol) if any. Example 1: ISC ALAMEDA (pru) Example 2: COMDT (G-WPM-2)	
4. Ext	The traveler's duty phone number, including area code, and extension. Example: 7853573691X35	
5. Depart Date	The date that the traveler is to depart the PDS and begin TDY travel, in the following format: DDMMMYYYY Example: 08DEC1996 ♦ Note: If the traveler is taking leave or liberty and departing early enter the "constructive" date that the traveler would have departed to report on time had there been no leave or liberty authorized.	PPPM 2-B-12
6. Est. Days Absent	The number of days the traveler is expected to remain away from the PDS in a TDY status (do not include leave and liberty days) ♦ Note: This is the maximum number of days for which travel allowances can be paid. If the traveler is authorized to depart early and/or return late, an endorsement to the order authorizing the additional travel day(s) is required for additional travel allowances to be paid.	PPPM 2-B-12
7. Est. Cost	An estimate of the costs anticipated to be incurred to complete the ordered travel. Comment: The estimate is used to reserve (or obligate) funds for the travel, so accuracy is important. Costs that are more or less than the estimate will cause financial adjustments when the travel is completed and the actual costs are posted to the accounting system.	
8. Repeat Travel Orders	For a Blanket Travel Order enter the beginning and ending dates for the period the order covers, use the DDMMMYYYY format Example: FROM 01OCT1998 TO 31OCT1998 ♦ If this is NOT a Blanket Travel Order enter "N/A"	PPPM 2-B-10

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Section B
TEMPORARY DUTY

Preparation of TDY Order (CG-4251) Blocks 1-11, Continued

Procedure,
continued

Block	Entry	Ref.
9.a Cmd, Dist., Firm or Org.	The name(s) of the TDY activity(ies) Example: TRACEN PETALUMA CGDSEVEN	
9.b Location	The geographic location(s) including county(ies) if in CONUS Example: Sonoma County, CA Miami (Dade County) FL	
9.c Date/ Time	Used if desired by the order issuing command to specify the reporting date and time. Time is expressed using the 24-hour clock and the date is expressed in the DDMMYYYY format. Example: 2400 22OCT1998	
9.d Revisit	<ul style="list-style-type: none"> • YES if traveler is authorized to revisit the TDY location(s) • NO if traveler is not authorized to revisit the TDY location(s) 	
10.a Regis. Fee	Registration fees reimbursement is authorized/approved when such fees are a condition for attendance. ♦ Indicate in remarks (block 12) if the registration fee includes the cost of any meals and/or lodging.	JFTR U4535
10.b Excess Baggage	Any accompanied / excess baggage to be carried at government expense in connection with the TDY travel.	JFTR U3600
10.c Local Travel	Check the box if reimbursement for travel in the area of the temporary duty station is authorized.	JFTR U3400 JFTR U3510
10.d 1st class jet	Leave blank, unless approval for use of first-class air accommodations has been received from the Commandant or Vice Commandant. See DOT Travel Guiding Principles and submit Exhibit B – Request for Approval of Premium – Class Accommodations to COMDT (G-WPM-2)	JFTR U3125, DOT Travel
10.e U-Drive GSA Veh.	<u>Leave blank</u> , rental car authorization (if any) will be entered in block 12 (remarks)	
10.f Days Leave	The number of days leave authorized (if any). The leave must also be authorized on a CG-2519 (Leave Authorization)	PPPM 5-D-2
11 Mode of Travel	<u>Leave blank</u> , use block 12 (remarks) to authorize or direct the mode of travel.	PPPM Enclosure (3)

Section B
TEMPORARY DUTY

Preparation of TDY Order (CG-4251) Block 12

Introduction

Block 12 of the CG-4251 is used to

- document **WHY** the travel is being performed
- document **WHAT** is intended to be accomplished
- show **HOW** the travel is to be performed
- indicate expenses authorized
- indicate travel advances authorized
- enter any special provisions for the travel
- document the availability/non-availability of government quarters
- indicate **TYPE** of messing available

Instruction

Follow these instructions to complete block 12 of the CG-4251.

- **Example entries can be found in enclosure (3) to this manual.**

Entry	Travel Data
A	Current Messing Allowance at permanent duty station (select only one): (1) Receives ENL BAS MINUS DISCOUNT MEAL RATE (2) Receives REG BAS or OFF BAS (3) Receives ENL BAS.
B	TDY Quarters availability (Select only one per TDY site): (1) Government Quarters (Includes Contract) directed by TDY site. (2) Commercial Facilities. **NOTE: Per JFTR U4400, for CG Personnel only: Govt Qtrs are available only if use is directed in the order.
C	Type of Messing directed at TDY location (Select only one): (1) Government Mess for all 3 meals. (2) Government Mess at the proportional Meal Rate. (3) Commercial Rate. (4) Reduced Per Diem in the amount of (\$) per day IAW COMDT (G-WPM-2) letter 4600 of (Date)
D	State the mode of transportation directed to, from, and around TDY locality. One or more of these example attachments may apply. (1) AUTH (compact, mid, full-size) rental car at TDY location. (2) AUTH Commercial Air Trans between PDS/TDY location. (3) AUTH local travel/public transportation or taxi at TDY site. (4) AUTH local travel in vicinity of PDS incident to TDY. **NOTE: Always arrange Official travel from either a CTO, in-house travel office or TMC, JFTR U3120
E	Government Travel Charge Card availability (Select only one): (1) Member possesses a Govt Travel Charge Card. (2) Member does not possess a Govt Travel Charge Card. (3) When either a Govt or Personal ATM Travel Advance is requested and authorized, the orders will state the following: (4) Travel Advance is authorized in the amount of (\$).
F	Travel Expense reimbursable items that require pre-authorization on the travel order are: (1) AUTH Registration or Seminar fee, JFTR U4535. (2) AUTH Reimbursement for Conference Costs, JFTR U2550. (3) AUTH Actual Expense Allowance in the amount of (\$) at (City, ST) for TDY period (Dates of TDY), JFTR U4200.
<u>NOTE:</u>	When travel orders do not direct the Government Meal Rate, or Proportional Meal Rate, or a Reduced Per Diem Rate, the settlement will result in the locality M&IE rate being paid. (See JFTR U4125-A3g for "deductible meals")

Section B
TEMPORARY DUTY

Temporary Duty (TDY) Checklists

Introduction These checklists have been provided to assist the unit/PERSRU in completing all necessary tasks required for departing and reporting members who are performing TDY. These job aids are designed to be reproduced locally.

TDY Departing checklist Use this checklist when a member requires a TDY order.

Step	Action			Reference	Date
1	Counsel member on travel and pay entitlements			JFTR, Chap. 4 PPPM, 2-B-29	
2	Set up travel arrangements. If member is going TDY to "A" School, and an airline ticket is issued, ensure it is a round trip ticket.			Local policy	
3	Get Commandant (G-WPM) approval if TDY will be over 180 days			CGS-JFTR, 2145	
4	Complete travel order			PPPM, 2-B-30	
5	Ensure member has sufficient funds; arrange for advances if needed			CGS-JFTR, 2300	
6	Ensure member has sufficient obligated service			PERSMAN	
7	Ensure member has proper security clearance			PERSEC	
8	Ensure member meets weight standards (if applicable)			Weight Instruction	
9	Complete PCS/TEMDUINS to "A" School worksheet (CG HRSIC-2001) if member is going TDY to "A" School.			Local Policy	
10	If the TDY period is expected to be over 30 days, send a copy of the order, endorsed with the date and time the member departed, to the PERSRU so that pay entitlements affected by TDY can be stopped/started			PPPM, 2-B-29 SDAII User Manual, Chap 6	
11	If	And	Then	PPPM, 7-B-3	
	the member has dependents	the TDY period is expected to be over 30 days	provide the member with an FSA Worksheet		
	Instruct the member to complete and submit the FSA Worksheet the PERSRU, with a copy of the TDY order on the 31st day away from the permanent duty station				
12	Forward PERSRU PDR to TDY unit's PERSRU if TDY over 60 days			PDR Instruction	

Continued on Next Page

Section B
TEMPORARY DUTY

Temporary Duty (TDY) Checklists, Continued

TDY Duty Site checklist Use this checklist for members TDY at your duty site:

Step	Action	Reference	Date
1	Receive copy of TDY order		
2	Verify member reports for TDY. If member fails to report, notify the permanent unit.	PPPM, 10-B-4	

Continued on Next Page

Section B
TEMPORARY DUTY

Temporary Duty (TDY) Checklists, Continued

TDY return checklist Use this checklist when a member returns from TDY

Step	Action	Reference	Date
1	Ensure member traveled in accordance with the order. If member was required to deviate from the order as issued, ensure any necessary amendments and/or endorsements have been affixed to the original order	JFTR, 4400	
2	Ensure member submits travel claim to supervisor within 3 working days of return	PPPM, 2-B-4	
3	Ensure supervisor reviews the travel claim and signs and dates block 16 within 2 working days	PPPM, 2-B-4	
4	Provide the PERSRU with a copy of the order, endorsed with the date and time that the member returned to the unit and a copy of the member's travel voucher, so that the pay entitlements affected by TDY can be stopped/started	PPPM, 2-B-9	
5	Ensure the travel claim, original order, and receipts are forwarded to HRSIC (TVL)	PPPM, 2-B-4	
6	Forward Career Development Worksheet to PERSRU to report school completion or addition of enlisted qualification codes.	PPPM, Encl (1)	
7	Review and complete PCS/TEMDUINS to "A" School (CG HRSIC-2001) if member is returning from TDY to "A" School.	PPPM, Encl (1)	
8	Submit Temporary Duty (P620) transaction (unless the member is not required to eat at a government messing facility at <u>both</u> the permanent unit <u>and</u> the TDY unit).	SDAII User Manual, Chap 6	

Reimbursement Methods

Introduction This section covers various reimbursement methods used during TDY.

Per Diem Definition Per Diem is a daily fixed allowance based on geographic locality used to reimburse travelers for lodging, meal and incidental expenses incurred while performing official travel. This allowance is separate from transportation and other miscellaneous expenses.

Note: Current locality per diem rates are available on our Web Site at <http://www.uscg.mil/hq/hrsic/>.

Per Diem Types

- **Normal Lodging Plus Rate (LDP)**
Entitlement to per diem is based on the actual lodging cost incurred plus meals and incidental expense (M&IE) allowances. The total amount is limited to the maximum locality rate established for the TDY area. This per diem type is known as the Lodging Plus (LDP) System. See Joint Federal Travel Regulations (JFTR), Chapter 4.
 - ♦ *Note:* 1. This type of per diem is commonly listed on orders as “Government Quarters & Messing Not Available.”
 - 2. For INCONUS daily lodging, taxes are **not** included in the daily amount. These taxes are an allowable reimbursable expense under the “miscellaneous reimbursement section.” OUTCONUS lodging taxes are included in the daily lodging amount.

Continued on Next Page

Reimbursement Methods, Continued

**Travel
Settlement
Defaults**

TDY travel rules have several ‘defaults’ or assumptions when information is inadequate or absent on the travel order. The protection against these defaults is a TDY order that contains clear, adequate, and correct information. The defaults include:

GOVERNMENT MESSING:

Default meal settlement standard (JFTR, U4400). When Travel Orders **do not direct** the government or proportional meal rate, the locality meal and incidental (M&IE) rate shall be paid.

QUARTERS:

Government Quarters are available **ONLY IF** use is directed in the Official Travel Order.

TRANSPORTATION:

Unless the order-issuing official directs a specific transportation mode(s) or any exception(s), transportation expenses will be paid on the assumption common carrier air transportation is the most cost efficient and expeditious way to travel. For ticketing purposes, always use an in-house Travel Office, Contract Travel Office (CTO), or Travel Management Center (TMC) to ensure the traveler receives the government contracted reimbursable rate. See JFTR, Chapter 3.

OTHER EXPENSES:

ONLY EXPENSES which are pre-authorized and clearly implied by the order (e.g., transportation to/from common carrier terminals when common carrier transportation is necessary) or specifically addressed by the order (e.g., rental car) are available to the traveler.

RECEIPT REQUIREMENTS:

A receipt must show what and when specific services were rendered or articles purchases, and the unit price. See JFTR, U2500.

Receipts are required for:

1. Lodging expenses regardless of amount, and
 2. Any claimed expenditures of \$75.00 or more.
-

Submission of Manual Travel Claims

Introduction This section will guide you through the process of finishing up your travel voucher and submitting it to your supervisor for review.

The Travel Claim Package The following items are required for each travel claim:

- Original.
- Original travel orders, including any amendments or endorsements. (For **Document Type 13, Repeat Travel Orders**: order issuing activity will retain all original orders; orders must indicate in the remarks block the name, phone number and e-mail address of the office where the originals are on file.
- Original itemized receipt for lodging expenses no matter the amount.
- Original receipts for reimbursable expenses of \$75 or over. For lost receipts, sign a statement as below in block 29 of your travel claim:

Lost original receipt(s). I will not make another claim against the government for this item on this TONO. Signature _____

NOTE: Please itemize your costs (i.e., how much spent for each item). For hotel receipts it is necessary to provide the name of the hotel, phone number, address and a point of contract at the hotel for verification.

- Endorsement(s) or SF-1038 for advance travel payment(s), if any.

Travel Voucher Submission Review the travel claim package to ensure it's complete, correct; and all entitlements are claimed. Review with the "Traveler's Checklist".

Prior to submitting the travel claim package to your supervisor for admin review, **make a complete copy for your records**. It is important to keep a copy in case you need to submit a supplemental claim or the claim is lost in the mail. You must retain copies of your travel claims for six years from the date of settlement of the claim. HRSIC (TVL) will **not** return the original travel claim package.

- Securely staple the travel claim package to prevent loss of receipts or separation of package. (Refrain from using paper clips).
- Remember that you must submit your travel voucher to your supervisor within three days of completion of travel.
- It is up to your supervisor to complete the administrative review and forward the entire package to HRSIC (TVL) for processing.

Continued on Next Page

Submission of Manual Travel Claims, Continued

Payment

If all documentation is correct, HRSIC (TVL) will process your claim then electronically transmit the payment information to the Coast Guard Finance Center (FINCEN) for payment.

NOTE: If you want direct deposit sent to an account other than your current payroll account, complete and forward a Direct Deposit Fast-Start Form (SF-1199A) (available from your financial institution) or a CG HRSIC-2015, Pay Delivery Worksheet (Enclosure (1) to this manual) to the Coast Guard Finance Center. For the Pay Delivery Worksheet, mark the form “For Travel Claim Payment Only.”

Non-receipt of Payment

Allow 10 working days from the date the Travel Voucher Summary is received to the date you receive payment. If payment or notification of overpayment/ claim rejection is not received by the end of this period, contact:

- Coast Guard Finance Center’s automated voice response toll-free number 1-800-564-5504. Enter your social security number to receive information for the last five travel claims processed.
-

Continued on Next Page

Submission of Manual Travel Claims, Continued

Non-receipt of Payment

If the Finance Center has no record of the travel payment, contact HRSIC's Claim Assistance Team for assistance (Travelers using Industrial site accounting should contact their respective site). They will assist the unit/ traveler to verify the claim was processed, the amount due, and the date travel payment authorization was sent to the Finance Center. Email Travel's Claim Assistance Team at HRSIC-TVLCST@hrric.uscg.mil or call:

(785) 339-2250 or 1-888-872-4885 (1-888-USCG-TVL)

- **Note:** The toll-free number (888) is for travelers without access to an FTS line, (i.e., Reservists, Auxiliarists, separated members, etc.). Have a copy of the travel claim package or Travel Summary Sheet when calling.

The Claim Assistance Team will research your claim and advise you the next working day of its status and any further actions you may need to take.

- **Note:** If you have waited more than 15 working days from the date the claim was mailed you may call the Claim Assistance Team at the above numbers to ascertain the claim's status.

Mailing Procedures

When submitting claims to HRSIC (TVL) for processing, use the address below

Address
COMMANDING OFFICER (TVL) COAST GUARD HUMAN RESOURCES SERVICE & INFORMATION CENTER P O BOX 3551 TOPEKA KS 66601-3551

Note: DO NOT fold travel claim documents. Mail (unfolded) in large envelopes with all documents and receipts **stapled** together as one package to reduce risk of lost documents. Using this PO Box for other than travel related materials would cause a significant delay in processing.

Rules for Claiming Official Phone Calls

Introduction This section provides additional information for military personnel and civilian employees who are requesting reimbursement for official telephone calls or other communication charges.

Rules Concerning Official Calls for Military Personnel Military personnel should follow these rules when claiming reimbursement for telephone calls or other communication charges incurred during the course of official business:

- Local calls may only be claimed when the calls were for official business, and you provide an itemized listing when you submit your travel voucher.
- Long distance calls are not reimbursable unless the order-issuing official has completed the certification in block 20 of the travel voucher.
- Travel Orders and their subsequent amendments will authorize reimbursement for communication services as approved by the order issuing activity.

Rules Concerning Personal Calls for Civilian Personnel Civilian personnel should follow these rules when claiming reimbursement for telephone calls or other communication charges incurred during the course of official business:

For calls made within the Continental United States:

- Brief calls (less than 5 minutes) are allowed.
- A claim of no more than \$5 may be made for each day while in a travel status.
- Reimbursement will not be made for more than one call per day.

Outside the Continental United States

- A claim of no more than five documented minutes may be made for each day while in a travel status.
 - Reimbursement will not be made for more than one call per day.
 - The maximum reimbursement allowed for telephone calls is \$10 per day.
-

Section B
TEMPORARY DUTY

Accounting Data

Introduction The most common cause for delay in processing travel claims is incorrect accounting data. This section will help determine whether or not the accounting data on your travel order is correct.

Document Number The Document ID Number or Travel Order Number (TONO) consists of 16 digits. The first four digits represent the type of travel and Fiscal Year. The TONO should be similar to one of the following:

Type of order	Example
TAD	<u>1198234</u> PBZA 73000
PCS, Retirement, Discharge	<u>1298234</u> P 23704000
Blanket or Repeat	<u>1398234</u> ZM 1233000

Note: Industrial site TONOs differ from this restriction.

Accounting String The accounting string is used to charge the cost of travel to the appropriate unit and funding account. The string is represented by a series of alphanumeric characters. The general format of Coast Guard accounting line data is:

2/	F/	801/	136/	30/	0/	AB/	12345/	2673
Agenc y Code "2" for CG	Region/ District Code	Appropriatio n Code	Appropriatio n Limitation code	Allotmen t Fund Control Code	Allotmen t Level Indicator Code	Program Element	Cost Center	Object Class

Reimbursable Agreement Numbers (RAN) Coast Guard travelers often travel TDY for other Government agencies (OGA), such as State Governments, EPA, Treasury, and other U. S. Armed Forces. When OGA offers to fund TDY, the unit must coordinate how that TDY will be reimbursed through FINCEN. It is simple:

- Produce Travel orders and assign a routine TONO & Accounting String

Note: In Accounting line, change AFC 30 to read 80. Ensure TONO region corresponds to Program Element.

An example of a RAN accounting string and TONO follows:

A. ACCT String: 2/H/801/899/**80**/0/**WA**/77950/2152

B. TONO: 1198238**HWA**026000

Note: The region H is the 8th character of the TONO. The Program Element WA is the 9th & 10th character of the accounting string. AFC: 30 is also changed to read 80.

Note: These accounting restrictions do not apply to Industrial accounts.

Continued on Next Page

Accounting Data, Continued

- Document Type 33 and DITY Moves** Claims for reimbursements of Document Type 33 (Miscellaneous items) and Do-It-Yourself (DITY) moves should be forwarded to the Coast Guard Finance Center (FINCEN) for processing. HRSIC (TVL) does not process these types of claims.
- Send Document Type 33 and DITY move claims to:
COMMANDING OFFICER (33)
U S COAST GUARD FINANCE CENTER
1430 A KRISTINA WAY
CHESAPEAKE, VA 23326-1000

ATTN: MISC. REIMB.
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Section Overview

Introduction This section prescribes procedures for separating members on active duty whose obligated service is for 140 days or more.

**In this
section**

Topic	See Page
The Separation Process	3-B-2
Immediate Separation Processing	3-B-5
Priority Separation Processing	3-B-7
E-mail Format For Immediate and Priority Separations (Exhibit 3-B-1)	3-B-9
Routine Separation Processing	3-B-10
Requesting a Document Number and Accounting Data for Routine Separations/Canceling Accounting Data for Separation Orders (Exhibit 3-B-2)	3-B-12
Preparation of Separation Orders (Exhibit 3-B-3)	3-B-13
Enlisted to Cadet Status Processing	3-B-14
Regular Retirement Separations	3-B-15
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Checklist for Separations	3-B-17
Checklist for RELAD	3-B-20
Checklist for Discharge	3-B-21
Checklist for Retirement	3-B-22
Reserve Retirement Separations	3-B-25

The Separation Process

Introduction The proper execution of the separation process depends on close communication between all participants. Timely processing of all paperwork is essential to provide the member a smooth transition and to ensure separation payments are made consistent with applicable directives.

- References**
- Certificate of Release or Discharge from Active Duty DD Form 214, Instructions for the Preparation and Distribution of, COMDTINST M1900.4 (series)
 - Separations Program Designators Handbook
 - CG Personnel Manual
 - Section 12-A, Separation of Commissioned and Warrant Officer on Active Duty
 - Section 12-B, Separation of Enlisted Personnel on Active Duty
-

Retention on Active Duty When a member is retained for any reason beyond the established separation date, documentation submitted to PMIS/JUMPS to process the original separation must be deleted and modified/replaced with new transactions. This may require action by various sources:

WHO	MAY NEED TO
CGPC (opm)	extend an officer's date of separation
Member's PERSRU	submit a Personnel Action to indicate a member has been retained beyond normal expiration of enlistment.
HRSIC	reopen the member's pay account and reprocess the separation

Continued on Next Page

Immediate Separation Processing

Introduction Immediate separations require 4 working days for processing after receipt of CGPC (epm-1) authorization to separate the member.

Procedures Procedures required for an Immediate separation.

Day	Who does it	What happens
1 T H R U	UNIT	<ul style="list-style-type: none">Ensures member is physically qualified for separation.Notifies PERSRU upon receipt of separation authority from CGPC. <p>Note: For Immediate separations requiring less than normal processing time, a signed CG-3307 (use (SEP-1) in the current Preparation and Submission of Administrative Remarks, COMDTINST 1000.14A) by the member must be faxed (785-339-3784) to HRSIC (SES).</p>
	PERSRU	<ul style="list-style-type: none">Sends Urgent E-mail to HRSIC-SES (or SES/HRSIC@maillant.uscg.mil if sending from SWSII) with pertinent information using the format provided in Exhibit 3-B-1. <p>Note: The E-mail must be routed through and released by the PERSRU supervisor (with “By direction” authority).</p> <ul style="list-style-type: none">Verifies/enters final mailing address in CGHRMS.Prepares the DD-214Prepares the appropriate SDAII transactions.Prepares appropriate separation letter(s) from enclosure (4) of this manual.Ensures member receives copy of the Thrift Savings Plan (TSP) Withdrawal Package if they have a TSP account. <p>Note: The mailing address information must be entered and verified in CGHRMS to facilitate mailing of the final pay and the end of year mailing of the member’s IRS Form W-2.</p>

Continued on Next Page

Section B
SEPARATIONS

Immediate Separation Processing, Continued

Procedures (continued)

Day	Who does it	What happens
1	HRSIC (SES)	Upon receipt of the PERSRU's E-mail. <ul style="list-style-type: none">• Calculates the final pay due the member.• Sends E-mail to the PERSRU with the required data to complete block 18 (remarks) of the DD-214, (if applicable) relative to payment of disability severance pay, the SRB recoupment endorsement on the reverse side of the DD-214 (if applicable) and the amount of payment authorized.
T H R U		
3	PERSRU	Once the request is approved by CGPC, the authorization will be posted on the Airport Terminal in CGHRMS and will include the Tono and Accounting Data. The authorization form will contain detailed information to enable PERSRUs to prepare all documents required for separation. For separation orders follow the guidance in Exhibit 3-B-3.
4	UNIT	Delivers the Certificate of Release or Discharge from Active Duty (DD-214), Separation Orders, appropriate travel claim forms, an envelope addressed to HRSIC (TVL) for liquidation purposes, and the standard separation letter.
	PERSRU	On the effective date of separation, transmits the separation transaction.

Priority Separation Processing

Introduction Priority separations require 15 working days for processing. Therefore, to allow for weekends and holidays, the effective date of separation should be 21 calendar days after receipt by HRSIC of the PERSRU E-mail requesting expedited separation processing.

Procedures Procedures required for a Priority separation.

Day	Who does it	What happens
1 T H R U 9	UNIT	<ul style="list-style-type: none">• Ensures member is physically qualified for separation• Notifies PERSRU <p>Note: For Priority separations requiring less than normal processing time, a signed CG-3307 (use (SEP-1) in Enclosure 6 of this manual) by the member must be faxed (785-339-3784) to HRSIC (SES).</p>
	PERSRU	<ul style="list-style-type: none">• Sends Urgent E-mail to HRSIC-SES (or SES/HRSIC@maillant.uscg.mil if sending from SWSII) with pertinent information using the format provided in Exhibit 3-B-1. <p>Note: The E-mail must be routed through and released by the PERSRU supervisor (with “By direction authority”).</p> <ul style="list-style-type: none">• Verifies/enters final mailing address in CGHRMS.• Prepares the DD-214.• Prepares the appropriate SDAII transactions.• Prepares appropriate separation letter(s) from enclosure (4) of this manual.• Ensures member receives copy of the Thrift Savings Plan (TSP) Withdrawal Package if they have a TSP account. <p>Note: The mailing address information must be entered and verified in CGHRMS to facilitate mailing of the final pay and the end of year mailing of the member’s IRS Form W-2.</p>

Continued on Next Page

Section B
SEPARATIONS

Priority Separation Processing, Continued

Procedures
(continued)

Day	Who does it	What happens
1 T H R U 9 (Cont.)	HRSIC (SES)	<p>Upon receipt of the PERSRU's E-mail.</p> <ul style="list-style-type: none"> Calculates the final pay due the member. Sends E-mail to the PERSRU with the required data to complete block 18 (remarks) of the DD-214, (if applicable) relative to payment of disability severance pay, the SRB recoupment endorsement on the reverse side of the DD-214 (if applicable) and the amount of payment authorized. Schedules a special payment through Treasury to ensure member receives final separation pay on his/her separation date.
	PERSRU	<p>Once the request is approved by CGPC, the authorization will be posted on Airport Terminal in CGHRMS and will include the Tono and Accounting Data. The authorization form will contain detailed information to enable PERSRUs to prepare all documents required for separation. For the separation orders follow the guidance in Exhibit 3-B-3.</p> <p>Note: If the HRSIC (SES) separation E-mail is not received at least 7 days prior to the date of separation, contact HRSIC (SES). Nonreceipt of the E-mail is an indication of a problem with the separation processing.</p>
LAST DAY	UNIT	On the effective date of separation, delivers the Certificate of Release or Discharge from Active Duty (DD-214), Separation Order, appropriate travel claim forms, an envelope addressed to HRSIC (TVL) for liquidation purposes, and the standard separation letter(s).
	PERSRU	On the effective date of separation, transmits the separation transaction.

Section B
SEPARATIONS

E-mail Format for Immediate and Priority Separations

(Not Requesting a Document Number and Accounting Data)

SUBJ: SEPARATION FOR _____ **(NAME/EMPLID)** _____, USCG(R)

A. CITE CGPC MESSAGE AUTHORIZATION (DTG)

1. CITE TYPE OF SEPARATION: IMMEDIATE, PRIORITY, OR DISABILITY

NOTE: The CO/XO must call SES for all Immediate separations unless the member's SPD code ends with one of the following two characters:

FS FU JA JB JC JD JE KA KB KD KF KK KL KM KN KQ NC

2. DATE OF SEPARATION

3. SPD CODE

4. LEAVE INFORMATION (PERSRU must still input leave transactions)

A. NUMBER OF DAYS LEAVE SELLING

B. NUMBER OF DAYS TERMINAL LEAVE TAKING AND THE DATES OF TERMINAL LEAVE

C. NUMBER OF DAYS LEAVE TAKEN AND THE DATES OF LEAVE, NOT POSTED IN RECENTS

D. NUMBER OF DAYS EXCESS LEAVE (Only if allowed by CO)

NOTE: Include any leave scheduled to be taken prior to separation. The PERSRU must still input the leave transaction(s). Enter 'NONE' in each block when not applicable.

5. LOST TIME NOT POSTED IN RECENTS

NOTE: Enter 'NONE' when not applicable.

6. PAY ADJUSTMENTS NOT POSTED IN RECENTS:

A. REDUCTION: RATE AND DATE

B. FORFEITURE: AMOUNT AND DATE

C. MUTUAL ASSISTANCE (follow procedures noted on page 9-A-5 of this manual)

D. OTHER INDEBTEDNESS (see page 9-A-4 of this manual prior to transmission of this e-mail)

E. ENTITLEMENTS NOT POSTED IN RECENTS (PERSRU must still transmit necessary transactions)

F. BONUS PAYMENTS PREVIOUSLY MADE (SRB, SELRES, or Enlistment Bonus)

NOTE: Enter 'NONE' when not applicable.

7. FINAL MAILING ADDRESS AFTER SEPARATION AS INDICATED IN CGHRMS ENTERED THIS DATE IS

8. PERSRU POINT OF CONTACT (name and phone number)

NOTE: When producing this e-mail, ensure each paragraph is typed out entirely (i.e., paragraph 2 would read "Date of Separation: 99Jan01" vice "99Jan01").

EXHIBIT 3-B-1

Section B
SEPARATIONS

Routine Separation Processing

Introduction Routine separations occur with sufficient lead-time to allow routine processing.

Procedures Procedures required for Routine separation.

When	Who does it	What happens
At least 180 days prior to Separation	UNIT	Ensures member is physically qualified for separation.
At least 60 days prior to Separation	PERSRU	Prepares and transmits Statement of Intent and Change Tax (Address) Information transactions to PMIS/JUMPS. Note: Failure to submit these documents in a timely manner will normally result in delay in final pay or payment for any leave sold. The PERSRU must notify HRSIC (SES) if there is any change to the statement of intent. On routine separations, the amount of final pay will appear on the member's prior month LES.
At least 45 days prior to the member's scheduled departure date	PERSRU	Requests Document Number and Accounting Data from HRSIC (SES) via E-mail (SWSIII - HRSIC-SES; SWSII – SES/HRSIC@maillant.uscg.mil). Please ensure the subject line of E-mail reads: "REQUEST FOR DOCUMENT NUMBER/ACCTING DATA." Note: The E-mail must be routed through and released by the PERSRU supervisor (with "By direction authority").
At least 30 days prior	HRSIC (SES)	Receives the PERSRU's E-mail and provides Document Number and Accounting Data to PERSRU via return E-mail.
Prior to separation	PERSRU	Verifies the member's leave balance in order to complete block 16 (days accrued leave paid) of the DD-214.

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Section B
SEPARATIONS

Routine Separation Processing, Continued

Procedures (continued)

When	Who does it	What happens
At least 10 days prior to separation	HRSIC (SES)	Notifies the PERSRU of the required data to complete block 18 (remarks) of the DD-214 (if applicable) relative to the payment of Severance Pay, Disability Severance Pay, Lump Sum Readjustment Payment or Separation Pay, and SRB recoupment endorsement on the reverse side of the DD-214 (if applicable).
7 days prior to separation	PERSRU	If information required for block 18 of the DD-214 (if applicable) has not been received, contacts HRSIC (SES).
Prior to separation	HRSIC (SES)	Inputs the necessary transactions to PMIS/JUMPS for final pay due the member.
Day of separation	UNIT	Delivers the Certificate of Release or Discharge from Active Duty (DD-214), Separation Order, appropriate travel claim forms, an envelope addressed to HRSIC (TVL) for liquidation purposes, and the standard separation letter.
Day of separation	PERSRU	Transmits separation transaction (discharge or Endorsement on Orders (RELAD)).

Requesting a Document Number and Accounting Data for Routine Separations

The responsible PERSRU shall request a Document Number and Accounting Data via E-mail to HRSIC-SES (or SES/HRSIC@maillant.uscg.mil if using SWSII). Send only 1 request per E-mail. Requests must contain the following information in the body of the E-mail (do not send as an E-mail attachment):

- Member's name, rank/rate and EMPLID
- Member's permanent duty station OPFAC
- Date of departure from the unit
- Date of Separation
- Type of Separation
- Separation Classification (Routine/Priority/Immediate)
- City, State and Zip Code of the member's separation address or other location to which the member is entitled to travel and transportation of HHG
- PERSRU point of contact and telephone number
- PERSRU SWSII or SWSIII delivery E-mail address

Note 1: The E-mail must be routed through and released by the PERSRU supervisor with "By direction" authority.

Note 2: If TONO request has not been answered within 5 working days, please call the SES Business Line at (785) 339-3550 for assistance.

Cancellation of Document Numbers and Accounting Data

Separation Document Number and Accounting Data issued to a member who wishes to remain in the service must be cancelled. In this event, the responsible PERSRU must send a **Coast Guard message** (not an E-mail) within 48 hours of discovering the need for cancellation to COMDT (CG-WRP-2) with HRSIC (SES), HRSIC (TVL), and the responsible Transportation Officer as information addressees, requesting cancellation of the Document ID. The **message** should contain the following information:

- Member's rate/rank, name, EMPLID and unit.
- Document Number and Accounting Data issued; date issued
- Member's scheduled separation date.
- Reason for cancellation request and member's resulting status (e.g. Reenlisted, Extended, Retained). If member is retained provide reason, estimated duration and subsequent status at the end of retention.
- PERSRU SWS II or SWSIII delivery E-mail address.

NOTE: Members electing to remain in the service where actions to expend funds have been made (e. g. Shipment of household goods has occurred) shall be counseled on their liability and the applicable recoupment procedures. Such counseling shall be documented and acknowledged by the member's signature on their separation orders.

EXHIBIT 3-B-2

Preparation of Separation Orders

Introduction

After receipt of the Document Number and Accounting Data from either CGPC for CGPC approved separations or HRSIC for routine separations, the responsible PERSRU shall issue Separation Orders on a Standard Travel Order for Military Personnel (CG-5131).

Special Instructions

Separation Orders shall include the following information:

Block	Entry
Station/ Place	Indicate the member's separation address or other location to which he/she is entitled to travel and transportation of HHG.
Nature of Duty	Enter "Discharge" or "RELAD" (as appropriate).
Item 10	Enter the following statement "You are directed to submit a Travel Claim to HRSIC (TVL) within 3 days after completion of the travel under these orders. If you decide to cancel these orders, you are personally liable for the repayment of any funds expended in accordance with these orders."

Statement required should separation be cancelled

If a member elects to remain on active duty after funds have been expended during separation processing, the following amendment to members separation orders shall be made:

"I acknowledge that I have voluntarily elected to remain on Active Duty after previously starting separation processing, and that I have been counseled concerning my liability to repay any funds expended during my separation processing and the applicable recoupment procedures."

MEMBER'S SIGNATURE

Exhibit 3-B-3

Enlisted to Cadet Status Processing

Introduction

The Academy PERSRU has the primary responsibility for ensuring a member's pay account in PMIS/JUMPS is converted to cadet status when an enlisted member is being released from active duty to accept an appointment as a Cadet at the Coast Guard Academy.

The member's PERSRU has the responsibility to ensure that the member's PCS transfer is handled in a timely and accurate manner.

Procedures

When transferring an enlisted member to the Academy for appointment as a Cadet, the member's PERSRU shall:

- Prepare and transmit the Statement of Intent transaction to PMIS/JUMPS and verify/enter mailing address information in CGHRMS at least 45 days prior to the Cadet swearing-in date.
- Upon the member's departure, submit an Endorsement on Orders transaction departing the member PERMDU for instruction to the Coast Guard Academy (use OPFAC 60-66017).

Note: Advance Pay cannot be authorized (the member will be separated upon swearing-in as a cadet and would not be able to liquidate an advance).

Section B
SEPARATIONS

Regular Retirement Separations

Introduction Retirements are usually processed as routine separations

Procedures Procedures required for a retirement.

When	Who does it	What happens
At least 60 days prior to: <ul style="list-style-type: none">• the date the member goes on terminal leave: or,• the effective date of retirement, whichever is earlier	PERSRU	Prepares and transmits Statement of Intent (SOI). Verifies/enters mailing address information in CGHRMS.
Note: If an SOI has processed in the system by the end-month compute for the month prior to the month of separation, the regular mid-month payment and the final pay, as well as allotments will be paid by PMIS/JUMPS and the final pay projection will include any leave being sold.		
Prior to separation	PERSRU	Verifies the member's leave balance in order to complete block 16 (days accrued leave paid) of the DD-214.
Note: The PERSRU will notify HRSIC (SES) if there is any change to the information submitted on the Statement of Intent (SOI). On routine separations, the amount of final pay will appear on the member's prior month LES.		
Day of separation	Unit	Delivers the DD-214, the final payment, (unless the member is on direct deposit) and the standard separation letter.
	PERSRU	Transmits Endorsement on Orders transaction.

Disability Retirement Separations

Introduction Temporary and permanent disability retirements are retirements that are approved under the physical disability evaluation system. They are processed as priority separations. The retirement date for members in this category will normally be 20 working days after the date CG Personnel Command's action. Active duty allotments will be paid by PMIS/JUMPS for the last month of active duty.

Procedures Procedures required for Temporary and Permanent Disability Retirements.

Day	Who does it	What happens
0	CGPC (opm/epm)	Issues message directing temporary or permanent disability retirement.
1	PERSRU	<ul style="list-style-type: none">• Sends urgent E-mail message to HRSIC (SES) with pertinent information using the format provided in Exhibit 3-B-1.• Ensure member has updated mailing address in CGHRMS or completes update if member does not have access to CGHRMS. <p>Note: The mailing address information must be entered and verified in CGHRMS to facilitate mailing of the final pay and the end of year mailing of the member's IRS Form W-2.</p> <ul style="list-style-type: none">• Prepares the Endorsement on Orders transaction in SDA II
2	HRSIC (SES)	<p>Notifies the PERSRU of the required data to complete block 18 (remarks) of the DD-214 (if applicable) relative to the payment of Severance Pay, Disability Severance Pay, Lump Sum Readjustment Payment or Separation Pay, and SRB recoupment endorsement on the reverse side of the DD-214 (if applicable).</p> <ul style="list-style-type: none">• Calculates the final pay due the member.• Schedules a special payment through Treasury to ensure the member receives final separation pay on his/her separation date.
13	PERSRU	If the HRSIC (SES) separation notification is not received at least 7 days prior to the date of separation, contacts HRSIC (SES). Nonreceipt of this E-mail message is an indication of a problem with the separation processing.
	Unit	On the effective date of retirement, delivers final pay, the DD-214, the standard separation letter to the member.
	PERSRU	On the effective date of terminal leave or retirement, transmits the Retirement (Endorsement on Orders) transaction.

Section B
SEPARATIONS

Checklist for Separations

Introduction This checklist is provided to assist the unit/PERSRU in completing all necessary tasks required for separating members from active duty. It should be used along with the Checklist for RELAD, Checklist for Discharge, or Checklist for Retirement, as appropriate. This job aid is designed to be reproduced locally.

Separation checklist Action when separating a member.

Step	Action	Reference	Date
1	<ul style="list-style-type: none">• Complete predischage interview 6 months prior to separation date.• Transition Assistance Program counseling Forward the following to the PERSRU: <ul style="list-style-type: none">• Preseparation Counseling Checklist (DD-2648). Note: Upon receipt of the DD-2648, the PERSRU will prepare and transmit a CGHRMS Training file update using School Code 500650• CG-3307 with SEP-4 entry completed.	12-B-4 PERSMAN, ALCOAST 049/00, ALCOAST 091/98	
		COMDTINST 1900.2 (series)	
		Encl. (1) PPPM	
		Encl. (6) PPPM	
2	Ensure member is physically qualified for separation.	12-B-6 PERSMAN	
3	Complete Electronic Assignment Data Card (E-ADC) at least six months prior to date of separation indicating member's intention to separate. For all members eligible for reenlistment: <ul style="list-style-type: none">• Indicate in "career intentions" field of E-ADC, member's preferences in regards to a Selected Reserve Unit or Individual Ready Reserve (IRR). Also, include the member's address and phone number following separation.	5-D-13 PPPM	

Continued on Next Page

Section B
SEPARATIONS

Checklist for Separations, Continued

Separation checklist (continued)

Step	Action	Reference	Date
3 C O N T I N U E D	Upon receipt of the E-ADC, an ISC representative will contact the member to discuss assignment options and answer questions about participation in the reserve. If agreement is reached on an assignment to a billet in the selected reserve, the ISC will provide the member's servicing PERSRU with the information needed to effect the assignment. The E-ADC with assignment information will be used to complete reserve assignment orders to the new unit.		
4	Complete follow-up interview at 3 months prior to separation date.	12-B-4 PERSMAN	
5	Complete PCS Departing/Separation Worksheet, PCS Entitlements Worksheet, and Career Intentions Worksheet, and forward to PERSRU with DD-2648 at least 60 days prior to the separation date.	PPPM Encl (1) CG HRSIC-2000 CG HRSIC-2003 CG HRSIC-2045	
6	PERSRU forward DD-214 SW (worksheet).	DD-214 Instruction	
7	PERSRU sends E-mail to HRSIC-SES (or SES/HRSIC@maillant.uscg.mil if sending from SWSII) requesting DAFIS standard document ID and accounting data for separation travel order.	Exhibit 3-B-2 PPPM	
8	If the member is being discharged, and desires immediate enlistment in the Coast Guard Reserve the PERSRU will complete and forward an Enlistment Contract (DD-4/1), effective the day following discharge, to the unit for administration of the oath and signature.		

Continued on Next Page

Section B
SEPARATIONS

Checklist for Separations, Continued

Separation checklist (continued)

Step	Action	Reference	Date
9	Ensure member schedules appointment with servicing transportation office to arrange shipment of household goods.	1-H-1 CGTRANSMAN	
10	Conduct Final Termination Briefing IAW Personnel Security Manual.	COMDTINST M5520.12A	
11	Counsel member on separation, <ul style="list-style-type: none"> • Complete CG-3307 entries; see Pg-7 Instruction (Encl. (6) of this manual) for sample entries. • Ensures member receives copy of the Thrift Savings Plan (TSP) Withdrawal Package if they have a TSP account. 	12-B-53 PERSMAN	
12	Ensure Government Travel Charge Card is turned into coordinator for cancellation.	Charge Card Instruction	
13	Complete CG-3307 (SEP-19) entry for all enlisted members receiving Separation Pay and send a copy by fax to HRSIC (SES) at 785-339-3784.	COMDTINST 1000.14 (series)	
14	PERSRU completes PMIS/JUMPS transactions.		
15	Complete appropriate separation letter(s) from enclosure (4) to this manual.	Pg. 3-B-5, 7 PPPM	
16	Counsel member on separation travel <ul style="list-style-type: none"> • Provide member with travel claim form(s) and instructions for completion. 	CGS-JFTR	
17	Provide member with pre-addressed envelope to mail travel claims and original separation travel order to HRSIC (TVL).	Chapter 2-B PPPM	
18	Review PERSRU/MED PDR's and complete CG-5507.	12-B-49 PERSMAN	
19	Distribute PDR's.	PDR Instruction	

Section B
SEPARATIONS

Checklist for RELAD

Introduction This checklist provides a job aid to be used when a member is released from active duty (RELAD) and should be used along with the Checklist for Separations. It is designed to be reproduced locally.

Checklist for RELAD Additional items when releasing a member from active duty.

Step	Action	Reference	Date
1	Complete Continued Health Care Coverage Benefit Program application.	CGCBP Instruction	
2	Complete ID Card(s).	Appendix (B) PPM	
3	Counsel member on: <ul style="list-style-type: none">• Assignment to Selected Reserve• Updating bank account information in CGHRMS if the member will be assigned to a drilling status after separation.		
4	Complete a CG-3307 if member is not processed for separation under normal circumstances and does not wish to be retained. Notify HRSIC of Date of Service (Separation Date) and that member signed CG-3307 for waiver.	Pg-7 Instruction Encl. (6) PPM	
5	Ensure CG Mutual Assistance debts, which are desired to be collected from member's available pay during separation processing, are reported to the PERSRU.	9-A-5 PPM	
6	Deliver separation paperwork to member		

Section B
SEPARATIONS

Checklist for Discharge

Introduction This checklist provides a job aid to be used when a member is discharged, and should be used along with the Checklist for Separations. It is designed to be reproduced locally.

Checklist for discharge Additional items when discharging a member.

Step	Action	Reference	Date
1	Notify HRSIC (SES) (for Immediate or Priority discharges)	PPPM	
2	Complete a CG-3307 if member is not processed for separation under normal circumstances and does not wish to be retained. Notify HRSIC of Date of Service (Separation Date) and that member signed CG-3307 for waiver.	Pg-7 Instruction Encl. (6) PPPM	
3	Ensure CG Mutual Assistance debts, which are desired to be collected from member's available pay during separation processing, are reported to the PERSRU.	9-A-5 PPPM	
4	Complete Continued Health Care Coverage Benefit Program application.		
5	Complete appropriate Discharge Certificate.	12-B-51 PERSMAN	
6	Issue Honorable Discharge Button (if applicable).	12-B-52 PERSMAN	
7	Refer to exhibit in PERSMAN for special information concerning discharges.	12-B-1 PERSMAN	
8	If member will be enlisting in the Coast Guard Reserve immediately following discharge, complete an enlistment contract and return to servicing PERSRU		
9	Deliver separation paperwork to member.		

Section B
SEPARATIONS

Checklist for Retirement

Introduction This checklist provides a job aid to be used when a member retires, and should be used along with the Checklist for Separations. It is designed to be reproduced locally.

Checklist for retirement Additional items when retiring a member.

Step	Action	Date
1	Endorse retirement order • Forward one copy to the PERSRU.	
2	Ensure member contacts HRSIC (RAS) for retirement information. The following web site address provides “Information for Retirees.” – www.uscg.mil/hq/hrsic/RAS.htm	
3	Ensure the member completes and returns the form(s) from Enclosure (1) (CG HRSIC-4700, and if starting new allotments, CG HRSIC-7221) and includes a copy of their latest LES if they are continuing any allotments or direct deposit to same account. Note: CG HRSIC-4700 and CG HRSIC-7221 are available for online completion or downloading on HRSIC’s website at www.uscg.mil/hq/hrsic . Select the “Forms” link. • Administratively review the form(s), ensuring they are completed in accordance with instructions.	

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Section B
SEPARATIONS

Checklist for Retirement, Continued

Checklist for retirement (cont'd)

Step	Action	Date															
4	<p>If the member is married,</p> <ul style="list-style-type: none"> • Use this table to determine what actions are necessary to comply with the spousal notification/concurrence requirements of the Survivor Benefit Plan (SBP) when a married member elects not to participate or to participate at less than the maximum level in SBP. 																
<table border="1"> <thead> <tr> <th>If the member and spouse</th><th>And</th><th>Then</th></tr> </thead> <tbody> <tr> <td>are co-located in the area of the member's duty station and are living together as husband and wife</td><td>the spouse concurs with the member's SBP election</td><td>the spouse and witness will complete and sign part VII of the CG HRSIC-4700</td></tr> <tr> <td></td><td>the spouse does not concur with the member's SBP election</td><td>the command will send a letter of notification/concurrence to the spouse as shown in enclosure (4) page E-4-3 of this manual</td></tr> <tr> <td>are not co-located or are not living together as husband and wife</td><td></td><td>the command will send a letter of notification/concurrence to the spouse as shown in enclosure (4) page E-4-3 of this manual</td></tr> <tr> <td>are not living together as husband and wife</td><td>and the spouse's whereabouts are unknown and cannot be determined</td><td>the member will complete and sign the following statement "The whereabouts of my spouse are unknown to me and have been unknown to me for at least 90 days. I understand that if this statement is later found to be untrue that spouse coverage will be established on the full amount of retired pay with costs and interest collected retroactive to my date of retirement unless my spouse consents otherwise. I understand that any false statement or misrepresentation thereto is a violation of law punishable by fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 10001)".</td></tr> </tbody> </table>			If the member and spouse	And	Then	are co-located in the area of the member's duty station and are living together as husband and wife	the spouse concurs with the member's SBP election	the spouse and witness will complete and sign part VII of the CG HRSIC-4700		the spouse does not concur with the member's SBP election	the command will send a letter of notification/concurrence to the spouse as shown in enclosure (4) page E-4-3 of this manual	are not co-located or are not living together as husband and wife		the command will send a letter of notification/concurrence to the spouse as shown in enclosure (4) page E-4-3 of this manual	are not living together as husband and wife	and the spouse's whereabouts are unknown and cannot be determined	the member will complete and sign the following statement "The whereabouts of my spouse are unknown to me and have been unknown to me for at least 90 days. I understand that if this statement is later found to be untrue that spouse coverage will be established on the full amount of retired pay with costs and interest collected retroactive to my date of retirement unless my spouse consents otherwise. I understand that any false statement or misrepresentation thereto is a violation of law punishable by fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 10001)".
If the member and spouse	And	Then															
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	the spouse does not concur with the member's SBP election	the command will send a letter of notification/concurrence to the spouse as shown in enclosure (4) page E-4-3 of this manual															
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Continued on Next Page

Section B
SEPARATIONS

Checklist for Retirement, Continued

Checklist for retirement (cont'd)

Step	Action	Date
5	<p>Forward the following to HRSIC (RAS) at least 30 days prior to retirement or start of terminal leave</p> <ul style="list-style-type: none">• CG HRSIC-4700 (four pages)• Copy of latest LES, if member is continuing any allotments or direct deposit to same account• CG HRSIC-7221 if member is starting any new allotments• SBP Spousal notification/concurrence letter, endorsed by spouse, if a married member elects not to participate in SBP or to participate at less than the maximum level and the spouse does not complete part VII of the CG HRSIC-4700• Statement signed by member, attesting that the whereabouts of spouse are unknown, if a married member elects not to participate in SBP or to participate at less than the maximum level and the spouse cannot be located.	
6	Ensure retirement certificate and spouse's certificates are received from HRSIC (RAS) at least 30 days prior to member's retirement or departure on terminal leave. You may order Retirement Certificates at http://www.uscg.mil/hq/hrsic/RAS.htm .	
7	Ensure member receives copy of the Thrift Saving Plan (TSP) Withdrawal Package if they have a TSP account. This includes TSP withdrawal forms, the booklet "Withdrawing Your TSP Account After Leaving Federal Service", and the notice "Important Tax Information About Payments From Your TSP Account."	
8	Complete retired and dependent ID cards.	

Reserve Retirement Separations

- Introduction** Reserve retirements are processed by HRSIC (RAS). The two retirement categories are:
- **Retirement with Pay (RET-1)** for reservists who complete 20 years of satisfactory service and have reached age 60.
 - **Retirement Awaiting Pay at Age 60 (RET-2)** for reservists who have satisfied all requirements for RET-1, except reaching age 60.
-

Procedures Procedures for Retirement With Pay (**RET-1**)

When	Who does it	What happens
Six months prior to reaching age 60 if member has 20 years of satisfactory service	HRSIC (RAS)	Notify member in writing by sending an “Information Concerning Retirement With Pay (RET-1)” letter and information about the Reserve Component Survivor Benefit Plan.
After receipt of “Notification of Eligibility Letter” and retirement forms.	Member	Request transfer to RET-1 status by completing forms CG-HRISC-2055A and CG-HRSIC 4700 from Enclosure (1) to this manual. Requests must be for a future date and not sooner than three months from submission date to provide sufficient processing time.
Note: If the member is in a drilling status the retirement package will be sent to the member’s home address one month prior to age sixty; if the member is not in a drilling status the retirement package will be sent approximately six months prior to the sixtieth birthday.		
Note: If it is determined that member is not eligible for RET-1 status, member will be separated (age waivers to attain eligibility may be requested from and granted by CGPC (rpm)).		
1 month prior to retirement	HRSIC (RAS)	Forward to member: <ul style="list-style-type: none">• Retirement Letter• Final Point Statement• Retirement Certificates (if applicable)
Retirement day	HRSIC (RAS)	Transmit Endorsement on Orders transaction
Note: Normally, reservists are voluntarily transferred to RET-2 status upon their request. There is one instance, however, where a reservist may be involuntarily transferred to RET-2 status. If an enlisted reservist has over 20 years satisfactory service, the reservist’s enlistment expires, and the reservist fails to reenlist, the reservist may be involuntarily transferred to RET-2 status per Article 1.G.9.G, Coast Guard Personnel Manual. In such cases, the reservist’s PERSRU shall notify ISC (pf) that the reservist has failed to reenlist. ISC (pf) shall in turn notify HRSIC (RAS). HRSIC (RAS) shall transmit Endorsement on Orders transactions to transfer the reservist to RET-2 status.		

Continued on Next Page

Section B
SEPARATIONS

Reserve Retirement Separations, Continued

**Procedures
For RET-2
Status**

Procedures for Retirement Awaiting Pay at Age 60 (**RET-2**) followed by Retirement With Pay (**RET-1**) upon reaching age 60.

Note: These steps apply only to those members who choose RET-2 status rather than continuing to drill.

When	Who does it	What happens
After completing 20 years of satisfactory service	HRSIC (RAS)	Sends “20 Year Letter” notifying member of eligibility for RET-2 Retirement. Include Reserve Component Survivor Benefit Plan election forms. (RCSBP is optional at this time)
After receipt of “20 year letter”.	Member	May request transfer to RET-2 status by completing form CG-HRISC-2055A from Enclosure (1) to this manual. Written requests are submitted to ISC (pf) via the chain of command. Requests must be for a future date and not sooner than three months from submission date to provide sufficient processing time.
Upon receipt of request for RET-2 Retirement	ISC (pf)	Forwards to HRSIC (RAS).
Upon receipt of request for RET-2 Retirement	HRSIC (RAS)	Forwards to member Retirement Information Package. Note: Members requesting RET-2 status who are not yet age 60 will receive retirement certificates at this time rather than at age 60 when transferred to RET-1 status.
RET-2 Retirement day	HRSIC (RAS)	Transmits Endorsement on Orders transactions to RET-2 status.

Section Overview

Introduction This section will guide you through the process and procedures to report completion of formal training courses, educational accomplishments, and qualification changes.

In this section

Topic	See Page
Training and Educational Accomplishments	4-C-2
Individual's Record of Small Arms Training	4-C-4
Veteran's Educational Assistance Program (VEAP)	4-C-5
Procedures to Enroll in MGIB for Certain VEAP Participants	4-C-7
Managing Competencies (Qualification Codes)	4-C-11
Insignia	4-C-12

Training and Educational Accomplishments

Introduction Completion of formal training courses and other educational accomplishments must be recorded in the CGHRMS system.

References

- Training and Education Manual, Chapter 4, Individual Career Training & Development Plans and Unit Training Plans
- Reserve Administration and Training Manual, Article 12-C-9, Retirement Points

Formal Training Courses This is the process of reporting completion of a formal training course such as Civil Rights/Human Relations Awareness Training.

Stage	Who does it	What Happens
1	Member	completes a Career Development Worksheet (CG HRSIC-2030) Note: If more than one member of the unit attended the same course, at the same time, the unit may submit a list of attendees in lieu of individual worksheets.
2	Unit	forwards worksheet or list of attendees to PERSRU or
3	PERSRU/Unit	completes appropriate CGHRMS transaction.

Retest of enlisted battery tests

This is the process for reporting a retest of an enlisted battery test.

Stage	Who does it	What Happens
1	Unit	<ul style="list-style-type: none">• provides a copy to the member• forwards a letter documenting a retest to PERSRU or
2	PERSRU/Unit	completes appropriate CGHRMS transaction(s)

Continued on Next Page

Training and Educational Accomplishments, Continued

Change in language competency

This is the process for reporting a change in language competency.

Stage	Who does it	What Happens
1	Member	provides documentation to unit admin office
2	Unit	forwards letter documenting change to PERSRU; or
3	PERSRU/Unit	completes appropriate CGHRMS transaction(s) Note: If the Language code is not present, you must contact the HRSIC Customer Service Help Desk to initiate the process of having it added to the database. After the new code is added, the transaction can be completed.

Reporting educational accomplishments for reservists

This is the process for reservists reporting completion of a college degree, change in educational level or completion of other than CG Institute correspondence courses.

Stage	Who does it	What Happens
1	Member	provides documentation to unit admin office
2	Unit	forwards copy of documentation to the PERSRU or
3	PERSRU/Unit	completes appropriate CGHRMS transaction(s)

Off duty educational accomplishments

This is the process for reporting completion of an off duty course of study such as completing a GED or earning a college degree.

Stage	Who does it	What Happens
1	Member	provides documentation to ESO
2	Unit/ESO	forwards copy of documentation to the PERSRU or
3	PERSRU/Unit	completes appropriate CGHRMS transaction(s)

Record Of Professional Development

In addition to the methods listed above for entering training and education data in CGHRMS, ALDIST 168/99 authorizes use of form CG-4082, Record Of Professional Development (RPD) to report accomplishments. This form offers active duty, reserve and civilian personnel the opportunity to record their professional development accomplishment to CGPC-ADM-3 where it will become a part of their official record. The procedure is voluntary and does not affect CGHRMS entry.

Individual's Record of Small Arms Training

Introduction The Individual's Record of Small Arms Training (CG-3029A) provides a chronological summary of an individual's small arms qualifications and awards. Prepare this form when the member participates in small arms training.

Preparation The instructions for completion of the CG-3029A are on the reverse side of the form. Upon completion, file the original in the unit PDR, (if maintained) otherwise in the training record, and forward a copy to the PERSRU.

Types of awards Members who qualify with a pistol or rifle will receive a Marksman (M), Sharpshooter (S), or Expert (E) award according to the qualifying score.

Award breakdown Use the qualification and breakdown of scores when completing CG-3029A.

Course	Scored	Qualified as
BPMC	144 - 150	Expert
	129 - 143	Sharpshooter
	114 - 128	Marksman
	000 - 113	Unqualified
M16	175 - 200	Expert
	167 - 174	Sharpshooter
	140 - 166	Marksman
	000 - 139	Unqualified
RSC	150 and above	Qualified
PPC	187 and above	Qualified
JPC	009 and above	Qualified

Managing Competencies (Qualification Codes)

Introduction Competencies are used as a means of recording a member's accomplishments while in service. This section helps you determine when to add or delete competencies.

Reference Enlisted Qualification Codes Manual, Chapter 2, Enlisted Qualification Code Assignment

Adding a competency Add a competency for a member.

WHEN	THEN
a member completes a school on orders issued by TQC and receives a competency	CGHRMS automatically updates the member's record to reflect the additional competency
a member completes school on orders issued by other than TQC and receives a competency	forward Career Development Worksheet (CG HRSIC-2030) to the PERSRU.
a member is assigned a competency (qualification code) by the unit CO	the CO will forward a letter or a worksheet to the PERSRU and provide a copy to the member.
a member completes small arms training and receives a competency	forward Career Development Worksheet (CG HRSIC-2030) to the PERSRU.

Insignia

Introduction

When a member becomes qualified to permanently wear an insignia, such as that for Company Commander or Marine Safety, this competency must be entered into CGHRMS.

Reporting this competency

When a member becomes qualified to permanently wear an insignia, the following must occur:

Stage	Who does it	Action to be taken
1	UNIT	<ul style="list-style-type: none">• Prepare a designation letter to the member;• Copy of the designation letter will be sent to the PERSRU; or
2	UNIT/PERSRU	<ul style="list-style-type: none">• Will record this honor or award in CGHRMS using appropriate honor or award code.

Section Overview

Introduction This section will guide you through the process of electing, increasing, reducing, declining, or canceling SGLI coverage and reporting casualties.

In this section

Topic	See Page
BAH/Dependency/Emergency Data (CG-4170A)	5-A-2
Servicemembers' Group Life Insurance (SGLI)	5-A-7
SGLI Family Coverage	5-A-15
Casualty Reporting	5-A-19

BAH/Dependency/Emergency Data (CG-4170A)

Purpose The BAH/Dependency/Emergency Data Validation (CG-4170A) is an official document required by law for the use pertaining to:

- Person(s) to notify in case of emergency or death
- Name of person(s) receiving death gratuities
- Person(s) who receive allotment of pay if missing or unable to transmit funds
- Person(s) who receive unpaid pay and allowances
- Record dependents as defined in the Coast Guard Pay Manual, COMDTINST M7220.29 (Series) to determine dependency for BAH entitlement purposes
- Verify (on an annual basis) that dependents, on who BAH is being paid, continue to be related to and supported by the member.

Other uses for the CG-4170A The CG-4170A may be used as partial supporting documentation as long as the individual claimed as a dependent remains a dependent.

Here are some examples of when the CG-4170A may be used as partial supporting documentation:

- Payment of family separation allowance and/or family separation - housing
 - Payment of station allowances at the with dependents rate
 - Payment of dislocation allowance at the with dependents rate
 - When applying for dependent ID cards and DEERS privileges
-

Continued on Next Page

BAH/Dependency/Emergency Data (CG-4170A), Continued

**Cases not to
use the CG-
4170A**

Do not use the CG-4170A to designate a beneficiary or change amount of coverage for:

- National Service Life Insurance
 - Servicemembers' Group Life Insurance (use VA Form SGLV-8286)
 - Government Life Insurance
-

**When to
submit the CG-
4170A**

The CG-4170A will be submitted by all active duty and reserve members and cadets upon:

- Initial entry into the Coast Guard or Coast Guard Reserve
- Reenlistment after a break in service
- Change in status from enlisted to officer or officer to enlisted
- Recall to active duty of retired members
- Reporting to a new Permanent Duty Station
- Anytime a member acquires an initial or additional dependents
- When any material change occurs in dependency status.
(Separation, divorce, death of dependent, dependent entering the Armed Forces, voluntarily withdrawing dependency claim, etc.)

Note: When removing any dependent from the CG-4170A that originally required HRSIC approval of the dependent, a copy of the new CG-4170A must be forwarded to HRSIC (LGL).

- Changes to the form occurring in any item
-

Continued on Next Page

Section A
DECEDENT AFFAIRS

BAH/Dependency/Emergency Data (CG-4170A), Continued

**Overview of
the CG-4170A**

Item by item description.

Item	Description	
1	The member's Social Security Number.	
2	The member's last name, first name, and middle initial.	
3	The member's rate or rank.	
4	The member's current duty station.	
5	Unit ID number (DD-OPFAC).	
6	Servicing PERSRU's OPFAC number and name.	
7	The member's date of birth.	
8	The member's marital status and spouse relationship code.	
	Code	Meaning
	1	Married and spouse not in service.
	2	Married and spouse is on active duty.
	3	Marriage is in an interlocutory status. Spouse is not on active duty.
	4	Marriage is in an interlocutory status. Spouse is on active duty.
	5	Member is legally separated from spouse. Spouse is not on active duty.
	6	Member is legally separated from spouse. Spouse is on active duty.
	7	Married and spouse in reserve component. (Drilling and IRR).
	A	Member's most recent marriage ended in annulment.
	D	Member's most recent marriage ended in divorce.
	S	Member has never been married.
	W	Member's most recent marriage ended due to death of spouse.

Continued on Next Page

BAH/Dependency/Emergency Data (CG-4170A), Continued

**Overview of
the CG-4170A
(continued)**

Item	Description
9	Date of marriage.
10	City or County, State and Country of member's marriage.
11	Spouse's branch of service (if applicable).
12-21	<ul style="list-style-type: none">• Spouse information - Name, address, phone numbers, BAH status, date of birth, dependency date and whether or not to notify in case of emergency.• Children information - Name, address, phone numbers, BAH status, date of birth, dependency date of all children (regardless of age) including those from former marriages, adopted children, wards, stepchildren or illegitimate children and whether or not to notify in case of emergency.• Parent information - Name, address, phone numbers, BAH status, dependency date, of the member's adult Next of Kin or close friend not named above, and whether or not to notify in case of emergency.• Minors receiving support information - Name, address, phone numbers, BAH status and dependency date, of any person other than spouse or children under 21 who is receiving 50% or more of their support from the member, and whether or not to notify in case of emergency.
22	HRSIC approval of dependents for BAH (if required).

Continued on Next Page

Section A
DECEDENT AFFAIRS

BAH/Dependency/Emergency Data (CG-4170A), Continued

**Overview of
the CG-4170A
(continued)**

Item	Description
24	The name, relationship, address, and phone number of the beneficiary(ies) member desires to receive the 6-month death gratuity in the event they are not survived by a spouse or children. Parents/brothers/sisters only.
25	The name, relationship, address, and phone numbers of the beneficiary(ies) member desires to receive any unpaid pay and allowances due at the time of death, and the % paid to the beneficiary.
26	The name, relationship, address, and phone numbers of the person to receive allotment of pay if member is missing or unable to transmit funds. Also the % of pay that is to be sent monthly.
27	Full name of any insurance company, address, and policy number(s).
28	Remarks and space for annual certification as discussed in Stage 1, on page 5-C-2.
29-31	If correct, member signs in item 29. <ul style="list-style-type: none">• If incorrect, have member make changes on the CG-4170A data sheet and return to PERSRU for corrections. The signature will be witnessed in item 30. Date the form in item 31, the date signed.
Distribution	Return signed data sheet to PERSRU. Keep a copy for Unit PDR, if maintained.

Servicemembers' Group Life Insurance (SGLI)

Introduction Servicemembers' Group Life Insurance was established for the purpose of making life insurance protection available to members of the Uniformed Services at a reasonable cost. This information will assist the member when electing, increasing, reducing, declining or canceling coverage.

Reference

- CG Personnel Manual, Article 18-D-4 and 18-D-5, Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI)
- VA Handbook 29-75-1 (Revised April 1994), Servicemembers' and Veterans' Group Life Insurance Handbook

Automatic coverage SGLI will automatically insure all newly accessed members for \$250,000 and allow them to either:

- decline coverage of SGLI, or
- elect a reduced level of coverage of SGLI in multiples of \$10,000.

Note: SGLI coverage continues (at no cost to the member) for a period of 120 days following separation or release from active duty, unless the member becomes a drilling reservist upon release from active duty.

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

**Coverage for
reserve
members,
continued**

The following reserves have full-time coverage under SGLI (unless the reservist declines coverage in writing):

- Reservists on active duty or active duty for training.
- Reservists on inactive duty training.
- Reservists assigned to the selected reserve who are assigned to a unit or position in which the reservist may be required to perform active duty, or active duty for training, and each year will be scheduled to perform at least twelve periods of inactive duty training that is creditable for retirement purposes.

The following reserve members do not have coverage under SGLI, but may elect coverage under Veterans' Group Life Insurance (VGLI):

- Reservists in the individual ready reserve (IRR).
- Reservists in the retired reserve (RET-1, RET-2, or RET-3 status).
- Reservists who were covered by SGLI who separate from active duty, active duty for training, or the selected reserve.

Requests for coverage under VGLI must be made within 120 days of entry into one of the above three statuses, and enrollment must be effected through the Office of Servicemembers' Group Life Insurance. Contact:

OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE
213 WASHINGTON STREET
NEWARK NJ 07102-2999
Phone: 1-800-419-1473

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

**Payment of
SGLI premium**

Premium payments for active duty personnel and reservists eligible to receive drill pay will be through automatic payroll deduction and reflected on the member's LES.

Note: Reservists enrolled in SGLI who do not drill temporarily, but remain in a good pay status, will accrue a negative SGLI premium. Upon resumption of a drilling status, the system will deduct the negative premium balance from the member's pay. If the member does not drill for pay within five months and no SGLI payments is made SGLI coverage will be administratively terminated.

For payment by check or money order, remit payment to "U.S. Coast Guard" and forward to:

COMMANDING OFFICER (DC)
USCG HUMAN RESOURCES
SERVICE & INFORMATION CENTER
ATTN: SGLI
444 SE QUINCY STREET
TOPEKA KS 66683-3591

**Payment of
SGLI premium,
continued**

Ensure payment is clearly marked "SGLI PAYMENT" and includes the following information:

- member's name
- member's EMPLID

For payment by credit card (Visa or Master Card) call HRSIC (DC) at (785) 339-3610.

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

**Procedures for
electing
coverage or
increased
coverage
previously
declined or
decreased**

If a member previously elected to cancel SGLI, reduce SGLI, or not be insured of SGLI at all, and later wants to obtain or increase existing SGLI coverage, the member must make a written request. Application must be made on the Request for Insurance (SGLV-8285), in accordance with instructions contained on the back of the form.

The form SGLV-8285 should be completed and signed by the member in the presence of an authorized representative of his/her command, who should then complete the certification below the member's signature.

Use the following table to determine if approval by the Office of Servicemembers' Group Life Insurance (OSGLI) is required before coverage can be increased or restored:

If	Then
Member answers "NO" to item 11, and all parts of items 12 and 13	Member meets the "proof of good health" requirement. SGLI can be increased or restored. The original and photocopies of the completed form are distributed as follows: Original - CGPC (adm-3) Photocopy 1 - PERSRU Photocopy 2 - Member Photocopy 3 - Unit PDR (optional)
Member answers "YES" to item 11 or any part of item 12 or 13	The original SGLV-8285 is filed in the member's personnel file and a copy of the completed form is sent to the OSGLI for review and approval. SGLI may not be increased or restored until approval has been received from OSGLI.
Approval has been obtained by OSGLI on the member	The copy returned from OSGLI is filed with the original SGLV-8286 at CGPC (adm-3). Photocopies of the "Approval" are distributed as follows: Photocopy 1 - PERSRU Photocopy 2 - Member Photocopy 3 - Unit PDR (optional)

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

Procedures for reducing or declining coverage	A member who desires a reduced amount or declines coverage must complete a Servicemembers' Group Life Insurance Election and Certificate (SGLV-8286). Reduction or cancellation will be effective at midnight of the last day of the month in which an SGLI transaction (P809) is processed by HRSIC.
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Servicemembers' Group Life Insurance Election and Certificate (SGLV-8286)	Members who have SGLI coverage must complete the Servicemembers' Group Life Insurance Election and Certificate (SGLV-8286) whenever he/she makes a beneficiary designation or changes a previous designation. The Service members' and Veterans' Group Life Insurance Handbook (VA Handbook 29-75-1) should be available for the member to read when completing this form. The SGLV-8286 should be available at most admin offices and/or may be downloaded from the web at the following site: http://www.insurance.va.gov/forms/8286.pdf . The following are guidelines to be used in the preparation and distribution of the SGLV-8286 Form:
----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Instructions for completing the SGLV-8286	Instructions for completing the SGLV-8286 are on page 3 of the form. The member must read the instructions before attempting to complete the form.
--------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

When a member should designate a specific beneficiary(ies)	Members should be encouraged to name a specific beneficiary. Use of "By Law" designation should be discouraged. There are many instances when the member should clearly designate a specific beneficiary(ies) such as:
-------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- When a member has a parent who has remarried but both natural parents are living; or
- When a member is divorced and remarried, but has children living with the first spouse; or
- When a member has no immediate next of kin and wants a distant relative or friend to receive the proceeds.

Designating Principal Beneficiary(ies) on the SGLV-8286	<p>The Primary Beneficiary should be a primary individual or individuals designated to receive insurance proceeds.</p> <p>When designating multiple principal beneficiaries - the member should specify in percentile the shares to be paid to each; otherwise, they will share equally in the proceeds. The total amount of proceeds must be equal to 100% (i.e., spouse 75% and child 25%).</p>
----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

Servicemembers' Group Life Insurance Election and Certificate (SGLV-8286), continued

Designating Contingent Beneficiaries on the SGLV-8286

The contingent Beneficiary is a secondary individual or individuals designated to receive insurance proceeds in the event that the principal beneficiary is no longer living.

When designating multiple contingent beneficiaries, the member should specify in percentile the shares to be paid to each; otherwise, they will share equally in the proceeds. As with the Principal Beneficiaries, when designating multiple contingent beneficiaries, the total amount of proceeds must be equal to 100% (i.e., father 50% and sister 50%).

Designations of beneficiaries who are minors

Notwithstanding the provisions of any other law, payment of SGLI may be made directly to a surviving spouse who is a minor on his or her own behalf, and payment in such case shall be complete quittance to the insurer.

When a member wishes to name minors as beneficiaries (such as his or her own children, nephews, nieces, etc.), the member should be advised that the proceeds of the insurance cannot be paid to a minor beneficiary, other than a minor surviving spouse, without a court-appointed guardian. The appointment of a guardian is often time consuming and costly and, for that reason, may delay the payment of the proceeds. The amount of the proceeds can be greatly reduced by the payment of court costs, attorney fees and expenses incurred by the guardian. One way to avoid such complication and expense is to designate a pre-appointed trustee of the minor beneficiary. Otherwise, members who insist on designating minors as SGLI beneficiaries should be referred to legal counsel (such as legal support attorney) for advice on establishment of a trust.

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

Servicemembers' Group Life Insurance Election and Certificate (SGLV-8286), continued

If member does not designate a Beneficiary(ies)

If a member does not designate a beneficiary, the insurance will automatically be paid in the following order of precedence:

- The surviving spouse of the member, if none,
- The child or children of the member, in equal shares, with the share of any deceased child to be distributed among the descendants of that child; if none,
- The parents in equal shares or all to a surviving parent; if none,

Note: A member's biological parents are not always who the insured intended to receive the proceeds, and in cases such as abandonment, they are not recognized as legal parents. Claim disputes involving the recognition of "rightful" parents can be avoided by discouraging the use of "By Law" designations and listing parents by name.

- A duly appointed executor or administrator of the insured's estate; if none,
- Other next of kin

When a member is likely to be survived by dependents or parents and designates some other person or entity as beneficiary, a responsible representative should counsel the member to the fact that the Servicemembers' Group Life Insurance Act was specifically designed to provide some form of security for dependents or parents. The member should be encouraged to designate such dependents or parents as beneficiaries.

Note: Under no circumstances should a member be compelled to designate any beneficiary. Designation is a matter of free election for the insured, and the insured should never be forced to designate otherwise. However, when dependents or parents are disregarded in designating beneficiaries, it is desirable that the voluntary nature of the designation should be a matter of record.

A witness must be present when SGLV-8286 is completed by the member

An authorized representative of the U. S. Coast Guard (i.e., CO, XO, OINC, XPO, Yeoman, etc.) must witness the member's signature at the time of preparation in the appropriate blocks. The date the form is received and witnessed should be accurately recorded as it determines the reduction or cancellation date of the insurance, and is the basis for establishing payroll deductions or authorizing collections in a reduced amount.

Continued on Next Page

Servicemembers' Group Life Insurance (SGLI), Continued

**Servicemembers' Common
Group Life
Insurance
Election and
Certificate
(SGLV-8286),
continued**

**Common
errors on the
SGLV-8286**

Common errors that are made to the SGLV-8286 Form:

- The member does not sign the form.
- When the form is completed by the member, there is no witness or witness signature.
- The form is not being filed in the member's unit PDR and PERSRU PDR.
- Members are designating minors as principal or contingent beneficiaries (unless the minor is legally emancipated, they can't receive the payment).
- The sum total of either the primary or contingent beneficiaries does not equal 100%.
- By law designations. Most DOD services have specific policies prohibiting this election, which can result in delays in payment, or the member not completely understanding how the funds will be distributed.

**Process and
Distribution
of SGLV-8286**

The following table describes the responsibilities associated with the SGLV-8286 and the distribution of the form:

Stage	Who does it	What Happens
1	Member	Completes Form SGLV-8286 per instructions on the form
2	Witness	Signs the witness block at same time member signs the form.
3	Unit	Photocopies are made of the original form and distributed as follows: Original - CGPC (adm-3) Photocopy 1 - PERSRU Photocopy 2 - Member Photocopy 3 - Unit PDR (optional) Note: The distribution printed on the SGLV-8286 itself should be disregarded.
4	PERSRU	Enters SGLI information in CGHRMS. Note: If SGLI was administratively terminated due to the arrears of premiums, the PERSRU shall not restart SGLI until delinquent premiums have been paid and Form SGLV-8286 has been completed per page 5-A-9 of this section.

SGLI Family Member Coverage

Introduction The Veterans' Survival Benefits Improvement Act of 2001 extends life insurance coverage to spouses and children of members insured under the Servicemembers' Group Life Insurance (SGLI) program. The section offers background information and procedural guidance for implementing SGLI Family Member Coverage.

Eligibility Family coverage will be available for the spouses and children of Active duty service members and members of the Ready Reserve of a uniformed service.

Ready Reserve members, who have had their SGLI coverage terminated due to non-payment, must have their accounts up-to-date before SGLI can be restarted or Family Member SGLI can be started. See page 5-A-9 of this manual for payment procedures and termination policy.

Family coverage is available only in the SGLI program, not in the Veterans' Group Insurance (VGLI) program.

Any dependent child under the age 18 is automatically covered under family insurance regardless of their health. Each dependent child of every active duty service member or reservist who is insured under SGLI is automatically insured. Children between the ages of 18 and 23 who are full-time students are covered and any child who, before the age of 18, has been declared legally incompetent will be eligible for family coverage.

Effective Date Coverage is effective as follows:

- Spousal coverage begins on the date of marriage to the service member.
- Natural children are covered beginning on their date of birth.
- Coverage for other dependent children of the service member begins on the date when the child becomes a dependent of the member.

Continued on Next Page

Section A
DECEDENT AFFAIRS

SGLI Family Member Coverage, Continued

**Coverage
Amounts**

The maximum amount of coverage available for spouses is \$100,000. In cases where the member's SGLI coverage is less than \$100,000, the maximum spousal coverage will equal the member's coverage amount.

A member may elect to insure his or her spouse for amounts less than \$100,000, in increments of \$10,000.

If both members are in the military and participate in SGLI, they can both be covered under SGLI and spousal coverage provided that both have SGLI coverage. Each can be insured under both basic SGLI and SGLI family coverage for the maximum amount of \$250,000 and \$100,000, respectively.

All children will be covered for \$10,000.

**Cost of
Coverage**

There is no additional charge for child coverage.

Refer to the table below to determine the monthly premium for spousal coverage.

Amount of Insurance	Age of Spouse				
	34 & below	35-44	45-49	50-54	55 & over
\$100,000	\$9.00	\$13.00	\$20.00	\$32.00	\$55.00
\$ 90,000	\$8.10	\$11.70	\$18.00	\$28.80	\$49.50
\$ 80,000	\$7.20	\$10.40	\$16.00	\$25.60	\$44.00
\$ 70,000	\$6.30	\$ 9.10	\$14.00	\$22.40	\$38.50
\$ 60,000	\$5.40	\$ 7.80	\$12.00	\$19.20	\$33.00
\$ 50,000	\$4.50	\$ 6.50	\$10.00	\$16.00	\$27.50
\$ 40,000	\$3.60	\$ 5.20	\$ 8.00	\$12.80	\$22.00
\$ 30,000	\$2.70	\$ 3.90	\$ 6.00	\$ 9.60	\$16.50
\$ 20,000	\$1.80	\$ 2.60	\$ 4.00	\$ 6.40	\$11.00
\$ 10,000	\$0.90	\$ 1.30	\$ 2.00	\$ 3.20	\$ 5.50

**Deduction of
Premiums**

Premiums for spouse coverage will automatically be deducted from the member's pay beginning with the pay period following the date a family election is recorded in CGHRMS.

Continued on Next Page

SGLI Family Member Coverage, Continued

Form for Reducing or Declining Coverage

If the member does not want insurance coverage for his/her spouse or wants a reduced amount of coverage, he/she must complete form SGLV-8286A, Family Coverage Election, and submit the completed form to the PERSRU.

The forms can be obtained from the VA's or HRSIC's web sites:

- <http://www.insurance.va.gov/forms/8286A.pdf>.
- <http://www.uscg.mil/hq/hrsic/MSWordForms.htm>

Members may also reduce or decline coverage for their spouse at any later date. When a member cancels spousal coverage, the coverage remains in effect, at no cost to the member, for 120 days after the cancellation date.

Reinstating/ Increasing Family Coverage

Members who have declined or reduced Family Member SGLI coverage can later apply for or increase coverage by completing a form SGLV-8285A and providing proof of insurability (proof of good health).

Spousal Notification

Units must notify the member's spouse, by letter, when the member declines SGLI or Family Member SGLI coverage. This is to inform the spouse that they have 120-days from the date the coverage is terminated to convert Family Member SGLI to commercial coverage. A recommended format for the spousal notification letter follows. A copy of the letter, the unit has sent to the spouse, should accompany any SGLV-8286/8286A forms sent to the PERSRU from members declining coverage.

An example of the spousal notification letter is on the following page.

Continued on Next Page

U.S. Department
of Transportation

United States
Coast Guard



COMMANDING OFFICER
USCG NAME OF UNIT
(HEADER DOUBLE-CLICK TO EDIT)

123 Any Street
CITY, ST 99999-0000
Staff Symbol: (xxx)
Phone: 123-123-1234
Fax: 123-123-1234

1741
DD Month YEAR

FirstName LastName
Street Address
City, ST Zip

Dear (Mr. Mrs.) (Salutation may be omitted)

We are writing to inform you of Servicemembers' Group Life Insurance (SGLI) or Family SGLI (spouse) coverage changes made by your active duty or reserve member spouse. The purpose of this letter is to notify you of the cancellation of [or impending termination of] your coverage so you may exercise the 120-day conversion benefit. When a member cancels spousal coverage, the coverage remains in effect, at no cost to the member, for 120 days after the cancellation date

You have 120-days from (*enter date of member's election*) to exercise this conversion benefit.

During this 120-day period you can convert this coverage to a policy with a commercial insurance company. Upon request, the Office of Servicemembers' Group of Life Insurance (OSGLI) will provide you with conversion information and a list of participating companies. You can get more information at the VA insurance website at www.insurance.va.gov, or by calling OSGLI at (800) 419-1473. You may also request this information by e-mail to OSGLI.OSGLI@PRUDENTIAL.COM, or writing to:

Office of Servicemembers' Group Life Insurance
213 Washington Avenue
Newark, New Jersey 07102-2999

The block checked below indicates what action your spouse has taken in declining coverage.

Your spouse elected to:

☐ Decline his/her SGLI life insurance. When a member declines SGLI for self or family coverage, coverage for the spouse is terminated.

☐ Decline his/her SGLI Family (spouse) Coverage

Sincerely,

F. M. LAST
Rank/Rate
U. S. Coast Guard
Commanding Officer/By direction of the Command Officer

Casualty Reporting

Introduction	This information is provided to direct you through the process of casualty reporting.
---------------------	---------------------------------------------------------------------------------------

Reference	CG Personnel Manual, Section 11-A, Casualties
------------------	-----------------------------------------------

Reporting procedures	Reporting procedures are covered in the Personnel Manual along with the disposition of personal effects.
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Examples of the following are contained in Enclosure (7) of this manual.

- personnel casualty report message
 - next of kin notification
 - Commanding Officer's letter to the next of kin
 - letter request for death determination
-

Inventory and Disposition of Personal Effects	In cases where a member dies or is missing, complete a CG-3853 (Personal Effects Inventory and Disposition) in accordance with Section 11-A of the Coast Guard Personnel Manual, COMDTINST M1000.6 (series). Distribute the form as follows:
------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Original and two copies: To the officer designated by the Commanding Officer to assume custody of the effects.

- Officer retains original
- One copy is to be packed with personal effects.
- Second copy is sent to next of kin (If personal effects are shipped to next of kin. Otherwise, second copy goes to Supply Center, Baltimore. IAW Art. 11-A-11.b (3) PERSMAN

Copy: Unit PDR

Copy: COMDT (G-WPM) (if deceased, captured, missing or incapacitated)
PERSCOM ((epm), for enlisted/(opm) for officers) if absent at time of sailing, AWOL, AOL, or deserter.

Copy: Unit File

Continued on Next Page

Casualty Reporting, Continued

**Disposition of
Military
Personnel Data
Records
(PDRs)**

The unit shall forward Unit and Medical PDRs to the servicing PERSRU within two days of:

- Declaring member a deserter
- Member's death

The servicing PERSRU shall forward Unit, Medical, and PERSRU PDRs to Commander (adm-3), Coast Guard Personnel Command within 5 days of the date of death or date member was declared a deserter.

Note: Complete instructions for PDR maintenance and disposition can be found in COMDTINST 1080.10 (series), Military Personnel Data Records (PDR) System, which is reprinted as Appendix (D) to this manual.

TRICARE Dental Plan, Continued

Automatic premium changes

Premiums will automatically change (if applicable), when dependent:

- Child turns
4 years old,
21 years old and is not enrolled in a full time course of instruction,
23 years old and is a student, or
 - Status changes
-

Enrollment requirements

Enrollment into TDP is subject to the family member(s) being enrolled in DEERS (prior to applying for enrollment in TDP), and the family member(s) must remain enrolled for a minimum of twelve months.

Enrollment options

Enrollment in the TDP may be through a single or family plan. A Selective Reserve or IRR member is eligible to enroll under a single plan for him or herself. Eligible family members are enrolled under a separate single or family plan.

Under the TDP, all eligible family members of a sponsor must be enrolled if any one of them is enrolled with the following exceptions:

- Children under the age of four
 - Eligible family members residing in two or more geographically separate locations
 - For active duty family member only, and in instances where a family member requires a hospital or special treatment environment (due to medical, physical handicap, or mental condition) for dental care otherwise covered by the TDP, the family member may be excluded from TDP enrollment
 - Selected Reserve and IRR sponsors may enroll independently of their family members
-

Continued on Next Page

TRICARE Dental Plan, Continued

Enrollment period

Regardless of previous enrollment, all new enrollees must remain enrolled in the TDP for at least 12 months. After completing the 12-month minimum enrollment period, enrollment may be continued on a month-to-month basis. Anyone who fails to pay premiums or disenrolls for other than a valid disenrollment reason will be prohibited from re-enrolling in the program for 12 months.

Members who were enrolled under the TRICARE Family Member Dental Plan (TFMDP) or TRICARE Selected Reserve Dental Program (TSRDP) prior to February 1, 2001 are required to complete their original enrollment commitment.

Disenrollment requirement

The member may disenroll dependents(s) from TDP only:

- After the dependent has been enrolled for a period of 12 months.
 - When a sponsor or family(s) member loses DEERS eligibility.
 - If transferred PCS and dependent space available care is available at a Military Medical Treatment Facility. Disenrollment must be accomplished within 90 days of reporting to the new duty station.
 - When an active duty, Selected Reserve or IRR member is transferred to the Standby Reserve or Retired Reserve.
-

Automatic disenrollment

Automatic disenrollment will occur when:

- One member in a joint service marriage leaves the Uniformed Services and has family members assigned to him or her. The family member(s) can be re-enrolled to the other service member without incurring a new 12-month lock-in.
 - The sponsor transfers to the Reserve component.
 - A member of the Reserve component transfers to active duty.
 - Sponsor changes from one branch of service to another.
 - A Selected Reserve or IRR member is called to active duty for greater than 30 days the **member** is disenrolled.
-

Continued on Next Page

TRICARE Dental Plan, Continued

**Effective date
of coverage**

When United Concordia receives an enrollment form, they will confirm eligibility in DEERS and enroll the member(s) in the TDP. If enrollment form is received by the 20th of the month, coverage is effective the first day of the month after the month in which a sponsor enrolls and one month's premium payment is received.

**Evidence of
coverage**

United Concordia will issue evidence of enrollment to all enrollees. In addition, each enrolled member will receive a TDP Identification (ID) Card that should be presented at each dental office visit. Replacement ID cards can be requested by calling United Concordia's Enrollment and Billing Department at 1-888-622-2256.

**New
enrollment in
the TDP**

United Concordia handles the enrollment process. Enrollment must be initiated by the sponsor and is accomplished by completing a TDP Enrollment Form. Forms are available by calling United Concordia at 1-888-622-2256 to request a form, by accessing the United Concordia website at www.ucci.com, or from your Health Benefits Advisor. **With the initial enrollment application, all new enrollees must submit a payment equal to the member's portion of one month's premium.**

Applying for a DD Form 1173

Introduction The DD Form 1173 is used to identify individuals eligible for privileges administered by the uniformed services. This will guide you through the application process.

References

- CG Personnel Manual, Section 18-C, Uniformed Service Identification and Privilege Card, DD Form 1173
- DODINST 1000.13, (Appendix (b) to this manual)

How to apply This is the process for applying for a DD Form 1173

When	Then
the member is active duty CG and at the command,	submit a DD Form 1172 to any military installation that issues ID cards.
the active duty member is away from the command,	submit a DD Form 1172 to any military installation that issues ID cards.
the active duty member is on extended deployment outside CONUS	the dependent can renew an expired card at any military installation that issues ID cards.
the active duty member is retiring,	before retiring submit a DD Form 1172 for the dependent(s) to any military installation that issues ID cards.
the active duty members is placed on the Temporary Disability Retirement List,	submit a DD Form 1172 to any military installation that issues ID cards.
the reserve member is retired with pay,	submit a DD Form 1172 for the dependent to any military installation that issues ID cards.
the member is a 100% disabled veteran,	submit a DD Form 1172 for the dependent(s) to any military installation that issues ID cards.
the member is separating and is eligible for Transition Assistance benefits	submit a DD Form 1172 for the member and dependent(s) to the command holding the PDR.

Continued on Next Page

Requesting Statements of Creditable Service

Introduction This will assist you in requesting a Statement of Creditable Service (SOCS) and/or a Statement of Creditable Sea Service (SOCSS).

Procedure for requesting Statements of Creditable Service This is the procedure for requesting statements of creditable service/sea service on a USCG/USCGR member with a Pay Base Date (PBD), Active Duty Base Date (ADBD) and/or creditable sea pay time problem. You should request a SOCS/SOCSS for the following members who meet these criteria:

- Newly assigned (PCS) USCG/USCGR member with prior service that has not been verified;
- Newly accessed member into the USCG/USCGR with any prior military service;
- Any reserve member entering Extended Active Duty for more than 139 days must have request for a SOCS submitted for ADBD verification regardless of the fact that a SOCS may have been previously completed.

Note: Do not ignore suspected sea time errors just because a member is not currently assigned to a sea pay eligible vessel. Take immediate action. A recent change to advancement criteria makes sea time a factor for advancement. Sea time can also have an impact on PCS assignments.

Continued on Next Page

Requesting Statements of Creditable Service, Continued

**Procedure for
requesting
Statements of
Creditable
Service,
Continued**

How to process a Statement of Creditable Service/Sea Service, continued:

Stage	Who does it	What happens
1	UNIT	<p>Reviews the member's PDR and any supporting documents the member has, notes the specific period of service/sea service the member is disputing and forwards to the PERSRU.</p> <ul style="list-style-type: none">• Members can help the process by providing any documents they have that substantiate prior service, such as a DD Form 214, any reserve point statements, orders, or a Navy Statement of Service.• If a member requests career sea service validation for the purpose of Merchant Marine licensing, be aware that the document required by the Merchant Marines is a Transcript of Sea Service (TOSS) (HRSIC 1075). Do not confuse this with a SOCSS, because the TOSS will include periods of service aboard vessels not eligible for sea pay/time (see 5-C-8 of this section for requirements on requesting TOSS).
2	PERSRU	<p>Reviews the PMIS database (item #6 'SOCS-DT' on any PMIS/JUMPS Inquiry Screen) to verify whether or not a SOCS has already been completed.</p> <ul style="list-style-type: none">• If a SOCS has not been completed, and it can be verified that the member is not receiving credit for a specific period of <i>prior</i> service/sea service, request a SOCS/SOCSS from HRSIC (SES) by Memorandum (Memo) and attach all supporting documentation. The Memo request needs to contain the member's full name, EMPLID, service branch, and period of service. <p>VERY IMPORTANT: If there is a DD-214 or other documents supporting creditable service and/or sea service, and the member's pay base date, active duty base date or sea pay longevity is incorrect, the member can request an immediate adjustment.</p> <p><u>The request must be sent to HRSIC (SES) and must indicate: "The member has been counseled and understands that if the pay base date, active duty base date or total sea time, based on the DD-214, is not supported by the prior service records, the member may be in an overpaid status".</u></p>

Continued on Next Page

Section C
MAINTENANCE OF PERSONNEL INFORMATION

Requesting Statements of Creditable Service, Continued

**Procedure for
requesting
Statements of
Creditable
Service,
Continued**

How to process a Statement of Creditable Service/Sea Service, continued:

Stage	Who does it	What happens
2	PERSRU Continued	Note: Please ensure that periods of Coast Guard sea service or ADT that are in dispute are processed via the PERSRU transmittal. There is no need to request a SOCS/SOCSS in these instances because the transmitted documents will result in the member's JUMPS account being adjusted correctly.
3	HRSIC	<p>Is responsible to verify and validate all periods of prior service (all branches) and sea service to adjust a member's Pay Base Date (PBD), Active Duty Base Date (ADB) or cumulative sea service time.</p> <ul style="list-style-type: none"> With supporting documentation by the PERSRU, makes interim adjustment to member's service dates and/or sea service time. <u>The member must provide a statement indicating that the interim adjustment may put him/her in an overpaid status (as discussed in stage 2 on previous page).</u> Request records from Headquarters or from the appropriate record center (if applicable). This process is the lengthiest. Verifies dates. Issues member a SOCS (HRSIC Form 1071) and/or a SOCSS (HRSIC Form 1072). Makes necessary adjustments to member's pay account. <p>Note: Completing the process can take from 3 to 6 months, depending on how quick the other Service responds to the request. The most difficult part of this process is retrieving the necessary information needed from the other Services. Please allow 90 days for processing of SOCS/SOCSS requests by HRSIC before submitting any follow-up or tracer requests.</p>
4	PERSRU	<p>Once the SOCS/SOCSS has been forwarded to the PERSRU, ensure a copy is retained in the PERSRU PDR, and forward a copy to the unit requesting verification.</p> <p>Note: If the original SOCS/SOCSS is found to be in error, because of an incorrect date or missing period of service/sea service, please forward the original SOCS/SOCSS with all documentation to HRSIC (SES) by rapidraft, with the periods in dispute clearly addressed.</p>
5	UNIT	<p>After HRSIC completes the SOCS/SOCSS and the PERSRU forwards the package to the unit, the member should be made aware of the impact the SOCS/SOCSS will have on his/her PBD, ADB, or cumulative sea service. Member should also be aware that a credit or debit to his pay would probably occur due to the change in his/her PBD, ADB, or cumulative sea service.</p> <p>Note: Unit should ensure member understands and agrees with SOCS/SOCSS and then notify PERSRU by deadline date contained in the letter.</p>

Personnel Data Information File (PDIF)

Introduction The Personnel Data Information File (PDIF) is a summary of personnel data from the HRSIC Personnel Data Record (PDR). The HRSIC PDR is an electronic record of personnel and pay data on the member.

When will units receive a PDIF Units can expect a PDIF to be provided by the PERSRU at the following times:

- Within 5 working days after a member reports in PCS
- Quarterly in January, April, July and October
- Upon the request of the unit

Note: If you are not receiving the PDIFs for all of the members assigned to your unit, contact the PERSRU and ask them why you are not receiving them.

PERSRU to Unit Transmission The PERSRU has the ability to send PDIFs to the unit via E-mail or by printed copy via regular mail. Units should inform their PERSRU which method is preferred.

Block by block description Explanation of the information on the PDIF is contained in Enclosure (5) of this manual.

Transcript of Sea Service (TOSS)

Introduction

A Transcript of Sea Service (TOSS (CG HRSIC-1075)) is used to document service on board Coast Guard vessels for the purpose of obtaining a Merchant Marine License. The Transcript of Sea Service lists information regarding a member's sea service, including:

- Names of vessels
- Shaft Horsepower
- Dates the member served on each vessel
- Rank at time of departure from each vessel

Note: This document does not serve to verify creditable sea service for pay purposes (refer to 5-C-3 of this section).

How to obtain a Transcript of Sea Service

If a member desires that a Transcript of Sea Service be prepared, the following must occur:

Stage	Who does it	Action to be taken
1	PERSRU	Request TOSS (CG HRSIC 1075) via Memorandum or E-mail and forward to HRSIC (SES). Note: The request should include the date the member entered the service and a summary of vessels he/she served on.
2	HRSIC (SES)	Issues CG HRSIC-1075 within 30 days of the date HRSIC received the request. The original and a copy are mailed to the PERSRU.
3	PERSRU	Forwards the original TOSS to the member and files the copy in PERSRU PDR.

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Reporting Change in Mailing Address

Introduction

A member's mailing address is shown in block 22 of their LES. This address should be the member's home address and not the unit address. The member's mailing address is used for several purposes, including mailing IRS Form W-2 annually for all personnel, and LESs for reservists as well as members assigned to detached OPFACs.

This table describes how to change your home mailing address using the new CGHRMS process. Instructions may also be accessed at the following web site address: <http://cghrms.osc.uscg.mil>.

Members without access to CGHRMS

If you do not have access to CGHRMS, contact your servicing PERSRU for instructions.

Step	Action
1	Select menu items in this order: Home > Self Service > Employee > Tasks > Home and Home Mailing Address
2	Enter your mailing address in the ADDRESS 1 field. <u>Do not</u> use fields 2 or 3. Note: The home address can be any address you want to enter. The mailing address is where you W-2 form and all correspondence will be mailed.
3	Enter the two-letter state abbreviation code in the STATE field.
4	Choose immediate or enter an effective date for change. If you choose "on this date", enter a future date. You cannot enter a date prior to the date you are entering the information into CGHRMS.
5	Click SAVE after verifying the information you have entered.
6	Click OK on the save confirmation page Note: If you selected a future date for the effective date of change there will be a link at the bottom of the Home and Mailing Address page to view, delete, or edit the change.

Employment Verification

Introduction Requests for employment verification from outside the Coast Guard should be completed at the unit if they have the information requested; if not, forward to the PERSRU.

Reference Privacy and Freedom of Information Act Manual, Enclosure (7).

Procedure All requests for employment verification will be completed as follows:

IF the information is	THEN
not Privacy Act sensitive,	complete the request.
Privacy Act sensitive,	complete the request, attach a signed statement by the member authorizing release of the information and make the appropriate entry on the Disclosure Log.

Section Overview

Introduction This section provides you the information needed to understand how the member elects a payment method and the numerous ways the Coast Guard keeps the members informed of their individual pay.

In this section

Topic	See Page
Pay Delivery Method	6-A-2
Leave and Earnings Statement (LES)	6-A-3
Pay Notification for Member assigned to Deployed Cutters or Overseas/Isolated Units	6-A-5

Pay Delivery Method

Introduction Retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/Electronic Fund Transfer (DD/EFT). Direct deposit is the most efficient and reliable method of pay delivery. The possibility of a lost or stolen check is eliminated with use of direct deposit. If a member is on direct deposit and a pay delivery problem occurs, HRSIC can normally correct the problem and make payment within 48 hours.

Delivery Methods This table shows the two different options for the election of pay delivery.

Option	Method	Description	Restrictions/Notes
1	Direct Deposit	The member's pay is deposited into their checking or savings account each payday via Electronic Fund Transfer (EFT).	This is the safest and most convenient method of pay delivery.
2	Accrue net at HRSIC	A member may have their pay held at HRSIC during PCS or extended leave/TAD periods.	Submit a new election to resume regular pay delivery.

How to select a pay delivery method Members should use CGHRMS Self Service menu to change existing Direct Deposit account information. Pay Delivery method may be changed by having the member complete a new CG-HRSIC 2015, Pay Delivery Worksheet (Enclosure (1) to this manual), and forwarding the completed form to the PERSRU.

Special Payments

Background

In addition to making regular semimonthly payments, HRSIC has the authority and ability to make certain special payments through the Department of Treasury. Special payments can be authorized in two instances:

Nonreceipt of pay

Member did not receive his/her regular semimonthly payment, or received it but it was lost or stolen.

Significant pay shortage

Member's regular semimonthly payment was significantly less than it should have been, and the member will experience a hardship if he/she must wait until the next scheduled payday to receive the pay due.

Criteria for special payments due to nonreceipt of pay

A member may be authorized a special payment if:

- Member is on direct deposit, and the member has verified with his/her financial institution that his/her semimonthly payment has not been received by the financial institution: or
 - Member is not on direct deposit, and the member's semimonthly check either:
 - 1) Has not arrived within 5 working days after scheduled payday; **or**
 - 2) Was received by the member, but was lost or stolen before the member could negotiate it.
-

Continued on Next Page

Section B
TYPES OF PAYMENT

Special Payments, Continued

Criteria for special payments due to regular semimonthly payment being significantly less than it should have been

A member may be authorized a special payment if he or she meets **all** of the following 5 criteria:

- (1) The member is underpaid \$100.00 or more in his/her regular semimonthly payment; **and**
- (2) The pay shortage amounts to 10% or more of the member's total pay entitlements; **and**
- (3) The member is not scheduled to receive the reimbursement of the pay shortage in the next scheduled payday; **and**
- (4) The pay shortage is causing the member to experience a financial hardship; **and**
- (5) The PERSRU has submitted documentation certifying the member's entitlement to the additional pay due.

Nonreceipt of pay procedures

Follow these procedures for claiming nonreceipt of pay.

When member's pay delivery is	Then the ...	Does this...
Direct Deposit	Member	Notifies unit admin office, provides the following: <ul style="list-style-type: none">• name and address of financial institution.• name and phone number of person to contact at the financial institution.
	Unit	Notifies PERSRU.
	PERSRU	Verifies information and notifies HRSIC (MAS).
	HRSIC (MAS)	Makes special payment via EFT if needed within 3 working days.

Continued on Next Page

Section B
TYPES OF PAYMENT

Special Payments, Continued

**Significant
pay shortage
procedures**

Follow these procedures for requesting a special payment in pay shortage cases:

Note: Special payments for IDT pay discrepancies are generally not authorized but may be considered on a case-by-case basis.

When member's pay delivery is	Then the ...	Does this...
significantly less than it should have been	Member	Notifies unit admin office that a special payment is needed to avoid a financial hardship.
	Unit	Notifies PERSRU.
	PERSRU	<ul style="list-style-type: none">• Verifies that all pay entitlement transactions have been input into PMIS/JUMPS.• Relays special payment request to HRSIC (MAS)
	HRSIC (MAS)	Makes or authorizes special payment if needed within 3 working days.

Section B
TYPES OF PAYMENT

Advance Payments

Introduction This information has been provided to aid in determining what type of advances are allowed, when they may be utilized, and how they will be liquidated.

Reference CG Pay Manual, Section 9-D, Advance Payments.

Rules Payment of advances must be made through PMIS/JUMPS unless a bona fide emergency exists. Advance Pay may not be paid in cash.

Types of advances Use this table to choose which advance should be taken.

Types	Normally payable when ...
Pay	<ul style="list-style-type: none">• transferring to a new permanent duty station (PDS).• serving on a vessel which has a change of homeport.• ordered to active duty (AD) of 140 days or more.
BAH	authorized for payment of: <ul style="list-style-type: none">• advance rent;• security deposits and/or;• initial expenses incident to occupying other than government housing.
OHA, Interim Housing Allowance, and BAH	In conjunction with assignment outside the U.S., is authorized payment of: <ul style="list-style-type: none">• advance rent;• security deposits and/or;• initial expenses incident to occupying other than government housing.

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Section Overview

Introduction This section explains the different payment methods and gives policies, procedures and processes to guide the unit in support of personnel.

In this section

Topic	See Page
Payment of Mobile Unit Personnel	6-C-2
Payment of Recruits	6-C-5
Requesting an Accelerated SRB Payment	6-C-6

Payment of Mobile Unit Personnel

Introduction	This will assist you in providing timely reporting of a member's entitlement, or loss of entitlement, to Career Sea Pay (CSEAPAY), Career Sea Pay Premium (CSEAPAY PREM) and enlisted subsistence entitlements when attached to a mobile unit.
Reference	CG Pay Manual, Section 4-B, Career Sea Pay. JFTR, Para U4105-B2, U4125-A3b(2), U4125-A3g, and U4540
What is a Mobile Unit?	<p>Per Section 4-B-5 of the U. S. Coast Guard Pay Manual, COMDTINST M7220.29A (series), a mobile unit is:</p> <ul style="list-style-type: none">• Designated by the Commandant or his designee.• Identified by individual OPFAC number.• A unit whose members are not permanently assigned to a specific career sea pay eligible vessel, but who are expected to perform the unit's primary mission under way aboard several different career sea pay eligible vessels. <p>Payment of Career Sea Pay is based upon the Career Sea Pay eligibility level of the unit. Mobile units as of October 1, 2001 are authorized Level 1 CSP.</p>
Types of Mobile Units	<p>Mobile units include:</p> <ul style="list-style-type: none">• Law Enforcement Detachments (LEDETs)• Tactical Law Enforcement Teams (TACLETs)• Atlantic Area Fleet Training Groups (FTGs)• Pacific Area Fleet Training Groups (FTGs)• U. S. Forces Caribbean• Cutter Support Teams (CSTs)• Shipboard Aviation Detachments (AVDETs)• Electronic Support Detachment (ESD) Teams

Continued on Next Page

Section C
METHODS OF PAYMENT

Payment of Mobile Unit Personnel, Continued

Career Sea Pay Entitlement Members assigned to mobile units are entitled to *continuous* career sea pay (and career sea pay premium, if otherwise eligible) on the same basis as members assigned to Coast Guard vessels, subject to two conditions:

If the member is assigned	Then the member is
to a mobile unit billet to perform tasks which are administrative in nature, and does not routinely deploy afloat	NOT entitled to continuous career sea pay. Note: The member is entitled to career sea pay only when actually deployed. When the member is deployed, the PERSRU must be notified by the most efficient means available. Include the following information when notifying the PERSRU of the member's deployment: <ul style="list-style-type: none">• Rate/Rank, name, SSN• Effective date/time of deployment.• Estimated length of deployment.
to a mobile unit <i>and</i> remains ashore for over 30 days (not including periods of leave).	NOT entitled to continuous career sea pay The member's entitlement to continuous career sea pay stops, and will not restart until the member again gets underway.

Subsistence Allowance for enlisted personnel

When mobile unit personnel are deployed to a vessel with a dining facility:

- If the vessel is a Coast Guard vessel, the member will be charged the Discount Meal Rate for all meals while on the vessel.
- If the vessel is a Navy or foreign vessel, the member will not have a Discount Meal Rate deduction from his/her pay. The member must either:
 1. pay cash for meals; or
 2. the ship will submit a Pay Adjustment Authorization (DD Form 139) to HRSIC for recoupment of meal charges.

Per Diem while underway

Members issued TAD orders to a Government vessel are **NOT** entitled to per diem.

Continued on Next Page

Payment of Mobile Unit Personnel, Continued

Certifying entitlement	<p>To accomplish payment of continuous CSEAPAY, each member's eligibility must be certified monthly by the appropriate personnel:</p> <ul style="list-style-type: none">• District (ole) staffs.• Group Commanders.• CO of the PACAREA TACLET.• Regional TACLET Commanders.• Senior CG liaison officer attached to Navy mobile units.
Monthly Roster	<p>A certification roster must be submitted within 3 working days after the first of each month and signed by the CO or Chief of the District Office (ole) staff, to the servicing PERSRU with the following information:</p> <ul style="list-style-type: none">• Rate/Rank.• SSN.• Each member must be annotated that they either remain eligible for CSEAPAY or are ineligible for CSEAPAY effective (date).• A copy of each member's ride sheet must be attached.
Roster not received by PERSRU	<p>If the monthly certification roster is not received by the fifth working day after the first of the month, the PERSRU will submit PMIS/JUMPS transactions to stop CSEAPAY on all members not certified.</p>
Record keeping	<p>The CO/staff chief signing the certification roster shall retain copies for 3 years and have it available for audit. The servicing PERSRU will retain the CO's monthly certification roster for 3 years and shall retain a copy of the mobile unit designation and designation removal document(s) for 3 years after removal of the designation for audit.</p>

Section C
METHODS OF PAYMENT

Payment of Recruits

Introduction Recruits are accessed in PMIS/JUMPS upon reporting to TRACEN Cape May, and are required to be on Direct Deposit (pay option 4).

Method of payment This table describes the payment methods used to pay recruits at various stages of recruit training.

Stage	Description
During training	Depending upon PMIS input/cutoff dates, direct deposit payments will be made on the first or second payday after arrival at Cape May. For recruits with dependents who are not paid on the first payday after arrival due to missing cutoff, Cape May shall solicit off-line payment by sending an e-mail request to HRSIC (MAS).
At separation	Discharged recruits will have their first direct deposit payment made by HRSIC within 4 working days of notification of discharge.
At graduation	Within 2 working days after graduation, Cape May's Payment Authorization Official (PAO) shall ensure all PMIS/JUMPS transactions are submitted.
After graduation	PMIS/JUMPS will continue to generate payments on regularly scheduled paydays for EFT to member's direct deposit account.
Advances	Recruits are entitled to advance pay during their first PCS move. TRACEN Cape May will coordinate their entitlements with HRSIC (MAS) for inclusion in their last direct deposit payment prior to graduation. If the normally authorized amount of advance (\$500) is insufficient to cover anticipated PCS expenses, Cape May will issue additional advance pay in form of traveler's checks.

Requesting an Accelerated SRB Payment

Introduction An accelerated payment is defined as an early payment of the next SRB installment, prior to the normal anniversary date, but in the same fiscal year in which the installment payment is due.

Reference COMDTINST 7220.33 (series), Reenlistment Bonus Programs Administration.

Process This is the process.

Stage	Who does it	What happens
1	Member	Submits a letter requesting accelerated payment to unit CO.
2	Unit CO	Approves/disapproves request and forwards to HRSIC (MAS) if approved.
3	HRSIC	Processes payment within 30 days of receipt. Payment will be in the first regular payday after documents process.

High Pressure Chamber Hazardous Duty Incentive Pay (HPCHDIP)

Introduction	High Pressure Chamber Hazardous Duty Incentive Pay (HPCHDIP) is an entitlement to qualified Coast Guard Divers serving under Duty Involving Diving Orders (DUID) and who meet the special conditions described in the CG Pay Manual.
Reference	CG Pay Manual, Section 5-D, High Pressure Chamber Hazardous Duty Incentive Pay (HPCHDIP)
Payments	<p>Payments for HPCHDIP are made on a monthly basis.</p> <ul style="list-style-type: none">• Members must qualify for HPCHDIP on a monthly basis.• HPCHDIP may be prorated to adjust for issuance or revocation of DUID orders.
Procedure	<p>Each month that the member is qualified for HPCHDIP the unit commanding officer will send a letter to the PERSRU authorizing payment.</p> <ul style="list-style-type: none">• If the member was not serving under DUID orders for the entire month, indicate the date of issuance or revocation of the DUID orders.

Hostile Fire (Imminent Danger) Pay (HFPAY)

Introduction	Hostile Fire Pay (HFPAY) is an entitlement to members who meet the special conditions described in the CG Pay Manual. This special pay is in addition to any other pay and allowances a member may be entitled.
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Reference	CG Pay Manual, Section 4-H, Special Pay - Duty Subject to Hostile Fire or Imminent Danger
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Qualified Areas for Imminent Danger Pay	Areas designated as qualifying for imminent danger pay are listed in Section 4-H-3 of the CG Pay Manual. The listing of qualified areas may be modified, from time to time, via ALCOAST messages.
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Rules for Imminent Danger Pay	<p>The following rules apply when determining entitlement to Imminent Danger Pay:</p> <ul style="list-style-type: none">• A member who serves on official duty in one of the designated areas for any part of a month is entitled to imminent danger pay for the entire month;• In those areas where airspace is designated, personnel who fly through the area are eligible for payment if the members are assigned to official temporary duty to the airspace of the combat zone.
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Amount of Imminent Danger Pay	The current (effective August 1990) monthly rate of imminent danger pay is \$150.00.
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Section Overview

Introduction This section will guide you through the procedures for payment of Basic Allowance for Subsistence, Family Separation Allowance, Overseas Housing Allowance, Family Subsistence Supplemental Allowance, and Officer Uniform Allowance.

In this section

Topic	See Page
Basic Allowance for Subsistence (BAS) - Enlisted	7-B-2
Family Separation Allowance (FSA)	7-B-3
Overseas Housing Allowances (OHA)	7-B-7
Family Subsistence Supplemental Allowance	7-B-8
Officer Uniform Allowance Claim Worksheet (CG HRSIC-5100)	7-B-10

Section B
ALLOWANCES

Basic Allowance for Subsistence (BAS) - Enlisted

Introduction This section provides procedures for crediting Discount Meal rate charges to a member who is unable to eat meals normally furnished at a government dining facility.

Reference CG Pay Manual, Section 3-B, Basic Allowance for Subsistence (BAS - Enlisted)

Discounted Meal Rate Credits This is the procedure utilized for crediting Discount Meal Rate charges to a member who is assigned to a mandatory messing unit and the member's duties, or dining facility exigencies, prevent government furnished meals from being provided.

Step	Action																								
1	Log meals throughout the month																								
2	<p>Forward the following information to the PERSRU at the end of the month:</p> <p>Subj: CERTIFICATION OF MISSED MEALS</p> <p>Ref: (a) ALPERSRU D/02</p> <p>1. I certify that the member listed below was assigned to a mandatory messing unit and their duties or dining facility exigencies prevented government furnished meals (including box lunches) from being provided as follows:</p> <table><tbody><tr><td>Rate/Name: _____</td><td></td><td></td><td></td></tr><tr><td>EMPLID: _____</td><td></td><td></td><td></td></tr><tr><td><u>Date(s)</u></td><td><u>Breakfast</u></td><td><u>Lunch</u></td><td><u>Dinner</u></td></tr><tr><td>2/14/02</td><td></td><td>x</td><td></td></tr><tr><td>2/15/02</td><td>x</td><td></td><td></td></tr><tr><td>2/18/02</td><td></td><td>x</td><td></td></tr></tbody></table> <p>2. Please process necessary PMIS transactions (P 603) to credit the member for the missed meals per reference (a).</p>	Rate/Name: _____				EMPLID: _____				<u>Date(s)</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	2/14/02		x		2/15/02	x			2/18/02		x	
Rate/Name: _____																									
EMPLID: _____																									
<u>Date(s)</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>																						
2/14/02		x																							
2/15/02	x																								
2/18/02		x																							

Overseas Housing Allowance (OHA)

Introduction	This is provided to assist in the process of starting Overseas Housing Allowance (OHA) and requesting Move-In Housing Allowance (MIHA). MIHA provides a one-time payment for move-in costs while stationed in an OHA locale.
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Reference	Joint Federal Travel Regulations, Chapter 9 Appendix K, Overseas Housing Allowance Appendix N, Move-In Housing Allowance
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Starting OHA	<p>To start OHA complete the following forms and forward to the PERSRU with a copy of the lease/purchase agreement:</p> <ul style="list-style-type: none">• Sign an Overseas Housing Allowance Briefing Sheet (found in the JFTR, Appendix K)• Complete a DD Form 2367
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Requesting MIHA	MIHA is requested by completing a CG-2556 and forwarding it to the PERSRU. A second payment of MIHA may be paid only after approval from Commandant (G-WPM-2).
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Family Subsistence Supplemental Allowance

Introduction	This section provides procedures for payment of the Family Subsistence Supplemental Allowance (FSSA).
Reference	ALCOAST 223/01 Military Personnel Data Records (PDR) System, COMDTINST M1080.10E
Definition	FSSA is a voluntary, non-taxable monthly supplemental allowance designed to bring a member's household income to within 130 percent of the Federal poverty line, thereby removing the need for supplement by food stamps.
Background	Payment of FSSA is authorized for Coast Guard and Coast Guard Reserve members on active duty or active duty for training and receiving Basic Allowance for Subsistence (BAS) who would ordinarily be eligible to receive food stamps. Members in recruit training and reservists on inactive duty for training (IDT) are not entitled to FSSA.
Limitations	<p>FSSA is calculated by comparing the member's monthly household income, both military and civilian and from others in the household, to an income limitation figure established by the USDA based on the size of the household.</p> <p>If the member's total household income is less than the USDA income limit, the member receives the difference between the two figures, or the monthly amount of food stamps the member receives, whichever is greater.</p> <p>The monthly amount of FSSA may not exceed \$500.</p>
Application	<p>Applications for FSSA can be obtained from the following web sites:</p> <ul style="list-style-type: none">• DOD web site: www.dmdc.osd.mil/fssa/• HRSIC web site: www.uscg.mil/hq/hrsic/mswordforms/htm (CG HRSIC-2075). <p>Or call HRSIC Customer Service @ (785) 339-3540. We will fax or mail you a copy of the form and USDA Monthly Income Eligibility Limits.</p>

Continued on Next Page

Section Overview

Introduction This section will guide you through the guidelines, rules, and procedures for the Savings Deposit Program.

In this section

Topic	See Page
Savings Deposit Program	7-C-2

Savings Deposit Program

Introduction Uniformed Services members on a permanent duty assignment outside of the United States, or its possessions, in support of a contingency operation are authorized to make deposits of their unallotted current pay and allowances to the Savings Deposit Program. Members making such deposits earn interest on their deposits at a rate of 10 percent per annum, compounded quarterly.

Reference

- 10 USC 1035
- Department of Defense Financial Management Regulation, Section 5101

Qualified Areas For Savings Deposit Program

The Secretary of Defense designates areas, which are eligible for the Savings Deposit Program. The following areas are eligible as of 1 January 2002:

- Persian (Arabian) Gulf Area, including
 - The Persian Gulf and the airspace thereover
 - The land areas of Saudi Arabia, Bahrain, Kuwait, Qatar, and the airspace thereover
- Operation Joint Endeavor, Joint Guard, and Joint Forge Areas, including:
 - The land area of Bosnia-Herzegovina, Croatia, Serbia, Montenegro, Slovenia, Macedonia, and Hungary, and the airspace thereover
 - The waters of the Adriatic Sea north of 40N and the airspace thereover
 - Forces operational control/tactical control (OPCON/TACON) to Supreme Allied Commander Europe
- Operation Enduring Freedom, including:
 - The land area of Afghanistan, Kazakstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan, and Uzbekistan
 - The waters of the Red Sea, Gulf of Aden, and Gulf of Oman
 - The Arabian Sea north of 10 degrees north latitude and west of 68 degrees east longitude

Rules for Savings Deposit Program

The following rules apply to the Savings Deposit Program:

- Members may deposit a maximum of their “unallotted current pay and allowances”. This is the amount of net pay (gross pay minus deductions and allotments) to which a member is entitled to receive the month immediately before the date of deposit.
- Deposits must be for a minimum of \$5.00.

Continued on Next Page

Section Overview

Introduction This section will guide you through the guidelines, rules, and procedures for issuing bonuses.

In this section

Topic	See Page
Career Status Bonus (CSB)	7-D-2

Career Status Bonus (CSB)

Introduction Under the National Defense Authorization Act for Fiscal Year 2000 members who initially entered a uniformed service on or after 1 August 1986 may now elect, upon completion of fifteen years of active duty, to receive a \$30,000 Career Status Bonus (CSB).

Reference • ALCOAST 427/00

CSB Eligibility To be eligible to elect a CSB, a member must meet ALL of the following four conditions:

1. Be on active duty
2. Complete 15 years of active duty service
3. Have a DEIMS (Date of Initial Entry to Military Service) of 1 August 1986 or later
4. Qualify under Coast Guard regulations for retention to 20 years of active duty service

Rules for election of CSB Members will be provided an opportunity to elect a CSB six months prior to reaching fifteen years of active creditable service. The decision to elect CSB must be made prior to the 15th anniversary of active duty, with the following exception:

If notice of eligibility to elect a CSB is not provided six months prior to member's 15th anniversary date, the member will be provided the full six months from the date of notice of eligibility to make election.

CSB elections may not be revoked once they are effective. Elections are considered effective on the date the member has served on active duty for fifteen years. Before that date, the member may withdraw a CSB election.

Continued on Next Page

Career Status Bonus (CSB), Continued

Continued Service Requirement

Members who elect a CSB must agree to remain on continuous active duty until the completion of 20 years of active duty. If a member fails to complete 20 years of active duty, the member must repay a proportionate share of the CSB.

Waiver of Repayment

Repayment may be waived if it is determined that recovery will be against equity and good conscience or is contrary to the best interest of the United States.

Recoupment shall be waived if the member:

- dies;
- is separated or retired due to physical disability; or
- is separated under an early retirement/separation program.

Recoupment will not be waived if the member's separation is due to misconduct.

CSB Payments

HRSIC shall pay the CSB no earlier than the date the member completes 15 years active service and no later than the first of the third month after 15 years active service.

CSB will be paid as elected by the member, i.e.:

- A single lump sum payment of \$30,000
- Two annual payments of \$15,000
- Three annual payments of \$10,000
- Four annual payments of \$7,500
- Five annual payments of \$6,000

CSB payments will be less applicable federal and state income tax withholdings.

If a member elects installment payments, the second and later payments will be made in January of each succeeding year.

Taxability of CSB Payments

CSB will be subject to 28% federal income tax withholding unless:

- The member qualifies for a combat tax exclusion on the date the member reaches 15 years active duty; or
 - The member elects to contribute a portion of the CSB to the tax-deferred Thrift Savings Plan (TSP). Under TSP, a member may contribute up to the IRS limit per year into a federal tax-deferred savings plan (\$11,000 limit in 2002). 7% of basic pay salary payments, and 100% of special pay amounts, incentive pay amounts, and bonuses, up to a combined maximum of the IRS limit, may be contributed to TSP.
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Continued on Next Page

Career Status Bonus (CSB), Continued

Effect on Retired Pay and SBP Annuities

Members who elect the CSB are subject to a reduced retired pay multiplier and reduced cost-of-living adjustments (COLA's), with a one-time catch-up at age 62. Payment of a CSB will also result in reduced annuities and premiums under the Survivor Benefit Plan (SBP).

Process

This table describes the CSB election process.

When	Who does it	What happens
Six months prior to member's fifteenth active duty anniversary	HRSIC (MAS)	Sends CSB Election Form, CG HRSIC-2426 and a Fact Sheet of Information for Eligible Career Status Bonus Members to member's unit
Upon receipt of CSB Election Form (CG HRSIC-2426)	Command	Reviews and verifies Sections I and II of CG HRSIC-2426. If member is ineligible to complete twenty years of active service (for disciplinary, medical, or other reasons), the command shall correct block 7 of the CG HRSIC-2426 and initial beside the correction.
Not later than date member reaches fifteen years active service (or no later than six months after issuance of the CG HRSIC-2426)	Member	Completes Section III, IV, or V of the CG HRSIC-2426 to indicate his/her election. <i>Note: See TSP procedures below, for members who reach their 15th anniversary during Aug - Dec 2001</i> The commanding officer or his/her designee shall witness member's signature.
After member signs CG HRSIC-2426	Command	Distributes form: 1. Original to HRSIC (MAS) 2. Copy to member 3. Copy to PERSRU for filing in Section 2: Career Documentation of the PERSRU PDR

Continued on Next Page

Section D
BONUSES

Career Status Bonus (CSB), Continued

Process (continued)

When	Who does it	What happens
Not later than the third month after the member completes fifteen years active service	HRSIC (MAS)	Issues CSB payment to the member.
Each year in January	HRSIC (MAS)	Issues CSB installment payments as appropriate.
Member retires upon completion of twenty or more years active service	PERSRU	Sends documents from PERSRU PDR to CGPC (adm-3) as prescribed in encl (8) of Military Personnel Data Records (PDR) System, COMDTINST M1080.10E. The CG HRSIC-2426 shall be one of these documents.
	HRSIC (RAS)	Files copy of CG HRSIC-2426 in member's retired pay file. Retired pay is calculated per member's election on the CG HRSIC-2426.
Member separates prior to completion of twenty years active service	HRSIC (SES)	Recoups CSB as appropriate.

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Chapter Overview

Introduction The objective of this chapter is to provide a concise, user friendly job aid or starting, stopping, or changing an allotment or bond, claiming non-receipt of an allotment or bond, and changing a member's tax status. This chapter provides checklists, guides, and information required to complete these tasks.

In this chapter

Section	Description	See Page
A	Allotments and Bonds	8-A-1
B	Taxes	8-B-1
C	Thrift Savings Plan (TSP)	8-C-1

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Section Overview

Introduction This section provides you with the procedures needed to start, stop or change an allotment or bond and for submitting a claim for non-receipt of an allotment or bond.

In this section

Topic	See Page
Allotments and Bonds	8-A-2
Allotment Checklist	8-A-4
Nonreceipt of an Allotment or Bond	8-A-5

Allotments and Bonds

Introduction	<p>The allotment system is a convenience provided to active duty members (or reservists on active duty for 140 days or more) for deductions from their monthly pay. These deductions can be used for savings, loans, insurance, U.S. Savings Bonds, charities, support of dependents, education, CG associated dues, and any other legal purpose. There are times when you need to stop, start, or change an allotment or a bond and this job aid explains the process.</p>
Reference	<p>COMDTINST M7220.29 (series), CG Pay Manual, Section 7-B, Allotment From Pay</p>
Procedures	<p>To change or stop an allotment or a bond:</p> <ul style="list-style-type: none">• Direct member to use Self Service menu of CGHRMS to start, stop, or change the following types of allotments and bonds:<ol style="list-style-type: none">1) CG Association Dues2) Contributions to CG Mutual Assistance3) Insurance Premiums, including Navy Mutual Aid Insurance4) Loan repayment to financial institution (other than, CG Mutual Assistance, American Red Cross, Armed Forces Relief, and government debts)5) Personal savings/checking accounts6) Series EE, U.S. Saving Bonds7) Series I, U.S. Saving Bonds8) Support of Dependents <p>Have the member read the section on allotments and bonds at http://www.uscg.mil/hq/hrsic/cghrms/index.htm for instructions on how to start, stop or change allotments bonds in the CGHRMS system.</p> <p>For all other types of allotments/bonds and for members without access to CGHRMS:</p> <ul style="list-style-type: none">• Submit an Allotment Worksheet (CG HRSIC-2040, from Enclosure (1) to this manual, or a Bond Worksheet (CG HRSIC-2060, from Enclosure (1) to this manual), or if starting a CFC allotment, submit the CFC pledge card (provided with CFC fund raising materials) to the PERSRU,• Or, make a pen and ink changes to the LES. (See next page).

Continued on Next Page

Section A
ALLOTMENTS AND BONDS

Allotments and Bonds, continued

**Pen and ink
change to the
LES**

Make the following pen and ink changes to the LES when stopping or changing an allotment or bond.

Step	Action
1	Line out the allotment information affected.
2	Enter the new allotment information in the same block.
3	Sign and date beside the new information.
4	Make a copy for your files.

Disposition

Forward to the PERSRU.

Allotment Check-off List

Introduction This checklist provides a job aid to be used when a unit/PERSRU is completing necessary tasks for starting, changing, or stopping allotments. It is designed to be reproduced locally.

Checklist Standard procedures for allotments.

Step	Item	Applies To	Check Off
1	Allotment must be for an authorized purpose. Refer to Section 7-A, CG PAYMAN or the reverse side of the Allotment Worksheet (CG-HRSIC-2040) for allotment rules.	Starts	
2	A member is permitted to have only one current allotment of the following types: <ul style="list-style-type: none">• Combined Federal Campaign Fund• One education allotment (either Veteran's Education Assistance or Montgomery GI Bill• MGIB Additional Amount• Loan Repay-CG Mutual Assistance• Navy Mutual Aid Insurance	Starts	
3	A member may have multiple allotments to the same payee provided each allotment has a unique account number.	Starts	
4	Member must have enough projected pay to cover new allotment amount.	Starts Changes	
5	Allotment starts and changes must process in PMIS/JUMPS prior to mid-month compute; e.g., an allotment start effective 1 June must process in PMIS/JUMPS prior to mid-month June compute cycle cutoff.	Starts Changes	
6	Allotment stops must process in PMIS/JUMPS prior to end-month compute of the following month; e.g., an allotment stop effective 30 June must process in PMIS/JUMPS prior to the July end-month compute cycle.	Stops	
7	Allotments may not be submitted to PMIS/JUMPS more than two months in advance of desired action.	Starts Changes Stops	

Nonreceipt of an Allotment or Bond

Introduction This job aid explains the process for reporting nonreceipt of an allotment, or the loss, theft, or destruction of a savings bond.

Reference COMDTINST M7220.29 (series), CG Pay Manual, Section 7-B, Purchase of U.S. Savings Bonds

Procedures Follow these procedures for claiming nonreceipt of an allotment or savings bond.

When allotment type is	Then the....	Does this....
Savings Allotment (EFT)	Member or Admin unit	<ul style="list-style-type: none">• Verifies with financial institution that allotment payment has not been received• Sends an E-Mail message to HRSIC-MAS with the following information:<ul style="list-style-type: none">• member's EMPLID• member's name (last, first, mi)• member's rank• member's unit• member's phone number• date of missing allotment payment• name of financial institution• allotment amount• allotment account number
	HRSIC (MAS)	Locates original payment or makes special EFT payment, normally within 3 business days

Continued on Next Page

Section A
ALLOTMENTS AND BONDS

Nonreceipt of an Allotment or Bond, Continued

Procedures (continued)

When allotment type is	Then the....	Does this....		
Savings Bond	Member	For non-receipt of savings bonds, members must wait 30 days from expected delivery date then: <ul style="list-style-type: none">• Sends an E-mail message to HRSIC (DC) using the E-mail address --“HRSICBONDS” with the following information:<ul style="list-style-type: none">• member’s EMPLID• member’s name (last, first, mi)• member’s rank• member’s unit• approximate issue date of bond• face value of bond• name and SSN of bond owner (if the member is not the owner)• mailing address of lost bond• correct mailing address		
		If	Then	And
		the member does not have access to E-mail	Complete a Nonreceipt Worksheet, CG HRSIC-2050 (from Enclosure (1) of this manual)	Mail to HRSIC (DC)
		for lost, stolen, or mutilated savings bonds: <ul style="list-style-type: none">• Obtains Bureau of the Public Debt (BPD) Form PD-3062 from any banking institution, or HRSIC (DC)• Forwards completed PD-3062 to BPD (instructions and address are on the form)		
	HRSIC (DC)	<ul style="list-style-type: none">• Verifies bond information and provides Bond serial number• Forwards appropriate BPD form to member		
	Member	Completes form and forwards directly to BPD		

Section Overview

Introduction This section provides information needed to change federal tax withholding, apply for advance of federal earned income credit, change state tax withholding, or state of legal residence, and report entitlement to Combat Tax Exclusion. This section will also assist you in requesting a duplicate or corrected W-2 form.

In this section

Topic	See Page
Federal Income Tax Withholding	8-B-2
Advance of Federal Earned Income Credit (EIC)	8-B-2
State Income Tax Withholding	8-B-3
Changing State of Legal Residence	8-B-3
State Tax Listing	8-B-4
Income Tax Exclusion for Duty in Combat Zone	8-B-10
Information About the W-2 Form and How to Request a Duplicate or Corrected W-2 Form	8-B-12
Request for Federal or State Tax Adjustments	8-B-17

Federal Income Tax Withholding and Advance EIC

Introduction Every member is required to file an IRS Form W-4 when a pay account is initially opened. Once the tax withholding is started there are times when it needs to be changed. This provides a job aid in assisting a member who is changing their tax withholding.

Reference COMDTINST M7220.29 (series), CG Pay Manual:
Section 8-A, Withholding of Federal Income Tax
Section 8-E, Advance Payment of EIC

Federal Income Tax Withholding To change federal income tax withholding, the member must:

Step	Action
1	Complete IRS Form W-4
2	If you have access to CGHRMS, complete change in Self-Service “W-4 Tax Information” application; otherwise, forward IRS Form W-4 to PERSRU for completion in “Employee Tax Data” CGHRMS application.

Advance of Federal Earned Income Credit (EIC) To begin receiving or change status for advance EIC, the member must complete an IRS Form W-5 and forward it to the PERSRU for completion in “Employee Tax Data” CGHRMS application.

State Income Tax Withholding and State of Legal Residence

Introduction

Every member, who is a resident of a state authorized to have state income tax withheld from military pay, is required to file the appropriate state tax-withholding document when a pay account is initially opened. Once the tax withholding is started there are times when it may need to be changed. This provides a job aid in assisting a member who is changing their tax withholding.

Reference

COMDTINST M7220.29 (series), CG Pay Manual, Section 8-B, Withholding of State and Local Tax

State Income Tax Withholding

To change state income tax withholding, the member must:

Step	Action
1	Complete the appropriate State tax form (see State Tax Listing beginning on page 8-B-4)
2	If only changing marital status, number of exemptions, or additional amount to be withheld, and have access to CGHRMS application, complete change in the Self Service “State Tax Data” application; otherwise, forward to PERSRU for completion in “Employee Tax Data” CGHRMS application.

Changing State of Legal Residence

To change a member’s state of legal residency, submit a DD Form 2058 (CG) to the PERSRU for completion in “Employee Tax Data” CGHRMS application. Give the pink copy to the member. Discard the green copy.

State Tax Listing

Introduction

The two charts below provide valuable information to the member on each state concerning withholding requirements, tax forms addresses, phone numbers and internet addresses. The first chart separately lists those states which offer internet addresses and tax forms available on-line for downloading.

State	Internet Address
Alabama	http://www.ador.state.al.us
Alaska	http://www.revenue.state.ak.us
Arizona	http://www.revenue.state.az.us
Arkansas	http://www.state.ar.us/dfa/taxes
California	http://www.ftb.ca.gov
Colorado	http://www.revenue.state.co.us
Connecticut	http://www.drs.state.ct.us/
Delaware	http://www.state.de.us/revenue
D.C.	http://cfo.washingtondc.gov/services/tax/index.htm
Florida	http://www.state.fl.us/dor/
Georgia	http://www.state.ga.us/Departments/DOR/
Hawaii	http://www.state.hi.us/tax/
Idaho	http://www.state.id.us/tax
Illinois	http://www.revenue.state.il.us
Indiana	http://www.state.in.us/dor/
Iowa	http://www.state.ia.us/tax
Kansas	http://www.ink.org/public/kdor/
Kentucky	http://www.state.ky.us/agencies/revenue/assistance.htm
Louisiana	http://www.rev.state.la.us/
Maine	http://www.janus.state.me.us/revenue/
Maryland	http://www.comp.state.md.us/
Massachusetts	http://www.state.ma.us/dor
Michigan	http://www.treas.state.mi.us
Minnesota	http://www.taxes.state.mn.us
Mississippi	http://www.mstc.state.ms.us/

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Section B
TAXES

State Tax Listing, Continued

State and contact phone number	Authorized to Have SITW Withheld From Military Members	Tax Withholding Form State Requires	State Tax Office Address
Idaho (208) 334-7660 800-972-7660	Yes	Federal Form W-4*	Taxpayer Services Idaho State Tax Commission PO Box 36 Boise, ID 83722-0036
Conditions for exemption from state tax: If member is on active service and is stationed outside the state.			
Illinois 800-732-8866	No (exempts all active duty military pay)		Illinois Department of Revenue Taxpayer Correspondence PO Box 19044 Springfield, IL 62794-9044
Indiana (317) 232-2240	Yes	State Form WH-4	Indiana Department of Revenue Taxpayer Services Division Indiana Government Center 100 N. Senate Avenue, No. 105 Indianapolis, IN 96811
Iowa 800-367-3388 (in state) (515) 281-3114 (out of state)	Yes	State Form IA-W4	Finance Taxpayer Services and Iowa Department of Revenue PO Box 10457 Des Moines, IA 50306-0457
Kansas (785) 368-8222	Yes	Federal Form W-4 *	Kansas Department of Revenue Taxpayer Assistance Bureau 915 SW Harrison Street Topeka, KS 66625-0001
Kentucky (502) 564-4581	Yes	State Form K-4	Kentucky Revenue Cabinet Taxpayer Assistance 200 Fair Oaks Lane Frankfort, KY 40620
Louisiana (225) 925-4611	Yes	Federal Form W-4 *	Louisiana Department of Revenue PO Box 201 Baton Rouge, LA 70821
Maine (207) 626-8475	Yes	Federal Form W-4 *	Maine Revenue Services Income/Estate Tax Division 24 State House Station Augusta, ME 04333-0024
Maryland (410) 260-7980 (Central MD) 800-638-2937 (Others)	Yes	State Form MW-507	Maryland Taxpayer Service 110 Carroll St Annapolis, MD 21411
Massachusetts (617) 887-6367	Yes	Federal Form W-4 *	Massachusetts Taxpayers Assistance 200 Arlington St Chelsea, MA 02150
Michigan 800-487-7000	No (exempts all active duty military Pay)		Michigan Department of the Treasury Treasury Building Lansing, MI 48922
Minnesota (651) 296-3781 800-652-9094	Yes	Federal Form W-4 *	Minnesota Department of Revenue Individual Income Tax Division Mail Station 5510 St. Paul, MN 55146-5510
Conditions for exemption from state tax: If member is on active service and is stationed outside the state.			

* These states use Federal W-4 annotated "For SITW Purposes Only".

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Section B
TAXES

State Tax Listing, Continued

State and contact phone number	Authorized to Have SITW Withheld From Military Members	Tax Withholding Form State Requires	State Tax Office Address
Mississippi (601) 923-7089	Yes	State Form 62-420	Mississippi State Tax Commission PO Box 1033 Jackson, MS 39215-3338
Missouri (573) 751-7191 800-411-8524	Yes	State Form MO W-4	Taxpayer Services Missouri Department of Revenue PO Box 3300 Jefferson City, MO 65105
Conditions for exemption from state tax: See the rules for Connecticut.			
Montana (406) 444-6900:	Yes (exempts all active duty military pay)	Federal Form W-4 *	Montana Department of Revenue PO Box 5805 Helena, MT 59604
Conditions for exemption from state tax	If member performs active duty in the Regular Armed Forces, is legal resident of Montana, and entered into active duty from Montana. However, members serving in Reserve components should have state income taxes withheld. Active duty personnel must file a return even if qualified for an exemption.		
Nebraska 800-742-7474	Yes	Federal Form W-4 *	Nebraska Department of Revenue 301 Centennial Mall S. PO Box 94818 Lincoln, NE 68509-4818
Nevada (775) 687-4892	NO STATE INCOME TAX		
New Hampshire (603) 271-2186	NO STATE INCOME TAX		
New Jersey (609) 292-6400	Yes	Federal Form W-4 *	Division of Taxation PO Box 266 Trenton, NJ 08695-0266
Conditions for exemption from state tax: See the rules for Connecticut.			
New Mexico (505) 827-0827	Yes	Federal Form W-4 *	Taxation and Revenue Department PO Box 25122 Santa Fe, NM 87504-5122
New York 800-225-5829	Yes	Federal Form W-4 *	Correspondence Unit W.A. Harriman Campus Albany, NY 12227
Conditions for exemption from state tax: See the rules for Connecticut.			
North Carolina (919) 733-2332	Yes	State Form NC-4	Department of Revenue PO Box 25000 Raleigh, NC 27640-0640
North Dakota 800-638-2901 (In state) (701) 328-3450 (Out of state)	Yes	Federal Form W-4 *	State the Tax Commissioner State Capitol 600 E Boulevard Avenue Bismarck, ND 58505-0599
Ohio 800-282-1780	Yes	State Form IT -4	Taxpayer Services Division 830 Freeway Drive N Columbus, OH 43229
Oklahoma 800-522-8165 (In state) (405) 521-3160	Yes	Federal Form W-4 *	Taxpayer Assistance Division 2501 Lincoln Boulevard Oklahoma City, OK 73194
Oregon 800-356-4222 (In state) (503) 378-4988 (All others)	Yes	Federal Form W-4 *	Revenue Building Tax Help, Room 135 955 Center Street NE Salem, OR 97310-2555
Conditions for exemption from state tax: See rules for Connecticut.			

* These states use Federal W-4 annotated "For SITW Purposes Only".

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Income Tax Exclusion For Duty In Combat Zone, Continued

Amount of Combat Tax Exclusion

For enlisted members and warrant officers, all taxable military pay items earned by a member during a month while serving in a combat zone are excluded from federal and state taxation.

For officers O-1 and above, the first \$5,382.90 per month of taxable military pay items are excluded from federal taxation.

Note 1: The \$5,382.90 figure increases annually to match the current base pay rate for and E-10

Note 2: Imminent danger pay (if entitled) is not included in the \$5,382.90 ceiling.

Members entitled to combat tax exclusion will not have any Federal/State income tax withheld from the exempted amount of their pay. Voluntary withholding of this amount is not permitted.

Extension of filing date for tax returns

Members serving in a combat zone are allowed an extension of up to 180 days to file their federal income tax return.

The due date for filing state tax returns is regulated by each state. Members serving in a combat zone should contact their state tax office regarding the postponement of filing state tax returns

Procedures

Notify the servicing PERSRU, via letter or message, when a member qualifies for or loses entitlement to combat tax exclusion. When starting combat tax exclusion, include a statement indicating the member is entitled on either a:

- Continuous basis (tax exclusion will continue until submission of a subsequent stop transaction) or on a,
- One time basis (tax exclusion for a single month only).

Notification of eligibility for combat tax exclusion may be included with a notification of eligibility for Hostile Fire (Imminent Danger) Pay (HFPAY), if the member becomes qualified for HFPAY at the same time. See page 7-A-7 of this manual for the procedures for reporting entitlement to HFPAY.

Information About the W-2 Form and How to Request a Duplicate or Corrected W-2 Form

Mailing of IRS Form W-2

IRS Form W-2s are mailed no later than 31 January of each year. To allow for reasonable mailing and forwarding due to address changes, reporting of lost or missing W-2 forms should be after 15 February.

Ensuring Tax Mailing Address is correct

To furnish the member with a timely IRS Form W-2, the member should:

- Continuously keep his/her home mailing address up to date in CGHRMS.
- Notify Post Office if late December, so W-2 can be forwarded.
- Ensure all addresses comply with prescribed postal address standards.

Note: Information about mailing addresses:

- To comply with Postal regulations and to receive mailing discounts, addresses contained in PMIS/JUMPS are run through a monthly postal standard address conversion program.
- The postal database does not recognize that numerous Coast Guard units may reside at a given address. For instance, in Portsmouth, there are several units located at 4000 Coast Guard Blvd. For single members living in barracks or shipboard berthing, the unit's name may be part of the address.
- To ensure proper delivery, the unit's name must be entered at the BEGINNING of the street information on the Tax Mailing Address transaction and the accurate 9-digit zip code must also be entered.
- If the unit's name is at the end of the street information or as part of the city/town information or the 9-digit zip code was not entered, the unit's name will be deleted by the monthly postal address conversion program.

Example of Good Address: ISC (BEQ) 4000 CG Blvd
Portsmouth, VA 23703-2199

Example of Bad Address: 4000 CG Blvd ISC (BEQ)
Portsmouth, VA 23703-2199

Continued on Next Page

Section Overview

Introduction This section will guide you through the guidelines, rules, and procedures for the Thrift Savings Plan.

In this section

Topic	See Page
Thrift Savings Plan (TSP)	8-C-2

Thrift Savings Plan (TSP)

Introduction

TSP is a retirement savings and investment plan that offers a member the same type of savings and tax benefits that many private corporations offer their employees under so-called “401(k) plans.” TSP contributions are deducted from a members pay before taxes are computed, so the member pays less tax now. In addition, TSP earnings are tax-deferred. This means the member does not pay federal income taxes on their contributions or earnings until the money is withdrawn.

Participation in TSP is optional and not automatic. All active duty and selected reserve members of the Coast Guard are eligible to join TSP. Coast Guard Academy cadets and non-prior service CG Naval Academy Preparatory School (NAPS) cadets are not eligible to participate in TSP until they are commissioned or reverted to enlisted status.

Reference

- CG Pay Manual, Section 6-G, Uniformed Thrift Savings Plan
 - TSP’s Web site at www.tsp.gov
-

Pay that can be contributed to TSP

The only pays/entitlements that can be contributed to TSP are:

Base Pay

Special Pay

Physician’s Assistant Board Certification Pay
Diving Duty Pay (Dive Pay)
Hardship Duty Pay for Location (HDP-L)
Career Sea Pay (CSP & CSP-Premium)
Responsibility Pay
Special Duty Assignment Pay (SDAP)
Hostile Fire or Imminent Danger (HFD/IDP)

Incentive Pay

Aviation Career Incentive Pay (ACIP)
Hazardous Duty Incentive Pay (HDIP), including
Crew Member Flight Pay, Noncrew Flight Pay, and Flight
Deck Hazardous Duty Incentive Pay

Bonuses

Aviation Career Continuation Pay (ACCP)
15-Year Career Status Bonus (CSB/REDUX Bonus)
Enlistment Bonus
Selective Reenlistment Bonus
Reserve Enlistment, Reenlistment, and Affiliation Bonuses

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Thrift Savings Plan (TSP), Continued

TSP Contribution Limits and Rules

Basic Pay: A member must contribute a minimum of one percent per pay period (month) into TSP to start an account. The maximum amount a member can contribute from basic pay each year is listed below:

Year	Percent
2002	7%
2003	8%
2004	9%
2005	10%
2006 and after	Unlimited

A member is required to contribute from Basic Pay in order to contribute any special, incentive, or bonus pay into TSP. The minimum special, incentive, or bonus contribution is one percent and the maximum is 100 percent.

Amounts contributed to TSP from basic pay, special pay, incentive pay, and bonus pay are limited by the following IRS contribution limits:

Year	Elective Deferral Amount
2002	\$11,000
2003	\$12,000
2004	\$13,000
2005	\$14,000
2006	\$15,000

HRSIC tracks a member's contributions and will stop sending funds to the National Finance Center (NFC) once the contributions reach the IRS limit.

TSP Investment Funds

Members have five investment options:

- Government securities investment (G) fund
 - Fixed income index investment (F) fund
 - Common stock index investment (C) fund
 - U.S. small-capitalization stock index investment (S) fund
 - International stock index investment (I) fund
-

Continued on Next Page

Section C
THRIFT SAVINGS PLAN

Thrift Savings Plan (TSP), Continued

Enrollment Periods

Members who join the uniformed service after 9 October 2001 may participate in TSP within 60 days of joining the uniformed services, without waiting for an open season.

A service member who converts from Ready Reserve status to active duty status, or who converts from active duty to Ready Reserve status, may make a TSP contribution election within 60 days after the effective date of the conversion.

Members not joining the program during the initial 60-day period, or within 60 days of enlistment/appointment, will have two “open seasons” per year to enroll thereafter. The two “open seasons” are 15 May through 31 July and 15 November through 31 January.

Procedures for Enrolling

If a member wants to enroll in TSP, Form TSP-U-1 must be filled out. This form can be obtained from the website www.tsp.gov.

Note: Members should not fill out the *TSP-1 election form*. This is the civilian TSP election form and is not to be used by military members.

Step	Who does it	Action
1	Member	<p>Member will fill out Form TSP-U-1 and either fax the form to HRSIC (MAS-TSP) at (785) 339-3760, or mail it to the following address:</p> <p style="text-align: center;">Commanding Officer U.S. Coast Guard HRSIC (MAS-TSP) 444 SE Quincy St. Topeka, KS 66683-3591</p> <p>It is recommended that the member fax the form because it is a quicker means of getting it to HRSIC for processing. If a member has questions about how to complete the form, the member can contact the HRSIC help desk at 785-339-3540, option 2.</p> <p>The member should keep a copy of the Form TSP-U-1 for his/her records.</p>

Continued on Next Page

Section C
THRIFT SAVINGS PLAN

Thrift Savings Plan (TSP), Continued

Procedures for Enrolling Section on procedures for enrolling is continued.

Step	Who does it	Action
2	HRSIC (MAS-TSP)	Upon receipt of the form, will enter the form in CGHRMS so that it can be processed in member's pay account in JUMPS. Once this processes in JUMPS, the member will receive a LES Remark reading: "Your TSP Election of __% Base Pay, __% Special Pay, __% Incentive Pay and __% Bonus begins _____." Note: If a member sees a TSP error on his/her LES, or on IRS Form W-2, the member should contact the HRSIC help desk at (785)-339-3540.
3	NFC	Opens the member's TSP account, initially puts the member's contributions into the "G" fund, and sends the member a letter containing account information and TSP personal identification number (PIN). The PIN allows members to access their account balance and execute transactions on the TSP Thriftline and the TSP web site.
4	Member	After receipt of the PIN, the member specifies how he/she wants their TSP contributions to be invested among the five TSP funds. The member can do this by: <ul style="list-style-type: none">• Using the tsp web site at www.tsp.gov• Calling the Thriftline's automated telephone service, at (504) 255-8777. Thriftline is an automated voice response system available 24 hours a day, 7 days a week.• Submitting a form TSP-U-50 to the TSP service office, National Finance Center, P.O. Box 61500, New Orleans, LA 70161-1500.

Continued on Next Page

Thrift Savings Plan (TSP), Continued

Changing TSP Contributions

A member may change the amount of basic pay, incentive pay, or special pay he/she is investing in TSP only during an open season. However, a member may change the amount of bonus pay going into TSP at any time. Members may make changes to TSP by submitting Form TSP-U-1 to HRSIC (MAS-TSP) as detailed in the previous section.

Interfund Transfers

A member may change the way money already invested in a TSP account is invested by requesting an interfund transfer, by one of the following means:

- Using the TSP web site www.tsp.gov.
 - Calling the Thriftline's automated telephone service at (504) 255-8777.
 - Submitting Form TSP-U-50 to the TSP Service Office, National Finance Center, P.O. Box 61500, New Orleans, LA 70161-1500.
-

Stopping TSP Contributions

A member may stop any or all of their contributions to TSP at any time by sending a completed TSP-U-1 form to HRSIC (MAS-TSP).

Note: When a member stops basic pay contributions, all other bonus, special or incentive pay contributions are automatically stopped. Stopping special, incentive, or bonus pay contributions does not stop basic pay contributions. If a member stops contributing outside of an open season, the member must wait until the second open season to reenroll in the TSP. If they stop their contributions during an open season, they may reenroll in the TSP during the next open season.

Separation from the service

When separating from the service, the member may:

- Receive a single lump sum payment.
 - Transfer all or a portion to an eligible retirement account or plan (IRA).
 - Request a series of monthly payments.
 - Request a TSP annuity.
 - Leave the money in the TSP account where it will continue to accrue earnings (until no later than 1 April following the year the member turns age 70 ½).
-

Continued on Next Page

Section C
THRIFT SAVINGS PLAN

Thrift Savings Plan (TSP), Continued

TSP Loan Program	A member is eligible to obtain a TSP loan while they have a TSP account and are in a pay status. Details are available at www.tsp.gov
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Matching Contributions	At the present time, the Coast Guard does not make matching contributions to military TSP accounts.
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Account Questions	Members should direct any questions about their TSP account to the National Finance Center, New Orleans, LA
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Section A
COLLECTIONS

Collection of Other Debts, Continued

Type of Debts
(continued)

Type	Who does it	Action taken
Bankruptcy	Unit	Forwards notice of bankruptcy to HRSIC (LGL)
	HRSIC (LGL)	Initiates collection
Clothing & Small Store Checkage	Unit	The Uniform Distribution Center, Woodbine, NJ, will deduct payment for uniforms purchased through UDC Woodbine from member's pay via PMIS/JUMPS input. Emergency uniform issuances (e.g., to member's returned from unauthorized absence) are collected from a member's pay via submission of a Pay Adjustment Authorization (PAA), DD Form 139, by the Unit to HRSIC (DC).
Duplicate Payments	HRSIC (DC)	Forwards a dunning letter to member
Debts Owed to Coast Guard Mutual Assistance (CGMA)	Unit	Notifies PERSRU of debts owed to CGMA to be collected from member's available final pay
	PERSRU	Notifies HRSIC (SES) and Mutual Assistance Office in Headquarters. The notification must contain: <ul style="list-style-type: none">• name, SSN, EMPLID• scheduled date of separation,• CGMA office that processed loan,• loan balance,• blanket code and• whether the member has consented in writing to voluntary collection of the debt,• or if the member has not consented to voluntary checkage, the date on which the member was provided written notice of the debt and planned involuntary collection action
	HRSIC (SES)	Initiates deduction from separation pay and forwards payment to CGMA

Continued on Next Page

Section A
COLLECTIONS

Collection of Other Debts, Continued

Types of Debts (continued)

Type	Who does it	Action taken
Debts Owed Other Service Relief Society	Other Armed Service	Forwards PAA
	HRSIC (SES)	Initiates deduction from separation pay
Unpaid DOD Hospital Charges	Care Provider	Forwards statement of charges to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Damage to Government Quarters	Housing Officer	Forwards PAA to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Bad Check/ Defaulted Payment Plan	NAFA/AAFES	Forwards PAA to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Bad Check to CG	FINCEN	Forwards PAA to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Tuition Assistance Recoupment	Navy	Forwards PAA to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Delinquent Government Travel Card	CITIBANK	Forwards PAA to HQ (CFM-3)
	HQ	Reviews and forwards PAA to HRSIC (DC)
	HRSIC (DC)	Initiates collection
Health & Comfort Items	Exchange	Forwards PAA and DD-504 to HRSIC (DC)
	HRSIC (DC)	Initiates collection

Section Overview

Introduction This section will help you to locate the policies and procedures for completing an administrative remark entry, guide you through the procedures for reporting medals and awards, and aid you in completing and reviewing an Enlisted Employee Review Worksheet (EERW).

In this section

Topic	See Page
Administrative Remarks	10-A-2
Reporting Medals and Awards	10-A-3
How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS	10-A-4
Administrative Review of the Enlisted Employee Review Worksheet	10-A-9

Administrative Remarks (CG-3307)

Introduction	The CG-3307 provides a means of recording miscellaneous entries, which are not recorded elsewhere in a Personnel Data Record (PDR). Administrative Remarks entries are made, to document counseling, or to record any other information required by current directives, or considered to be of historical value.
Reference	COMDTINST 1000.14 (series), Preparation and Submission of Administrative Remarks (CG-3307)
Policies and procedures	The policies and procedures governing the use and preparation of the CG-3307 can be found in COMDTINST 1000.14 (series), Preparation and Submission of Administrative Remarks (CG-3307), which should be filed as Enclosure (6) to this manual.
Example entries	The only CG-3307 entries authorized are those listed in Enclosure (1) to COMDTINST 1000.14 (series), Preparation and Submission of Administrative Remarks (CG-3307).

Reporting Medals and Awards

Introduction All medals and awards that have been presented to the member must be reported to the PERSRU for entry into CGHRMS.

Reporting awards When a member receives a medal or award, forward a copy of the certificate or other documentation to the PERSRU.

Processing Good Conduct Awards Process table for active duty and reserve Good Conduct Awards.

Stage	Who does it	What happens
1	PERSRU	Forwards a list to the unit of members who are eligible for awards between the 15th of the current month to the 14th of the next month
2	Unit/PERSRU (See note)	Prepares Good Conduct Award Certificate for the unit commanding officer's signature
3	Unit	Forwards a copy of the signed award certificate or documentation to the PERSRU
4	PERSRU	Completes CGHRMS transactions

Note: If unit has no administrative support attached, the PERSRU will complete the Good Conduct Award Certificate and forward to the unit.

How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS

Purpose The objective of this section is to provide a concise, user-friendly job aid for completing Enlisted Employee Review Worksheet (EERW).

Refer to Chapter 10-B of the Coast Guard Personnel Manual (COMDTINST M1000.6 (series)), for information about the Enlisted Employee Review System.

Discussion The EERW should only be used for personnel assigned at commands not having access to CGHRMS. Some examples of affected commands are:

- CG Recruiting Offices
- CG personnel assigned at MEPS
- Underway vessels (to be input upon return to homeport)
- Detached duty.

Process This is the process used for submission of Enlisted Employee Review Worksheets.

Stage	Who does it	What Happens
1	Unit	<ul style="list-style-type: none">• Determines members that need to be evaluated.• Obtains the EERW from parent command, Enclosure 1 of this manual, or the internet (if applicable). Vessels anticipating underway periods during a period ending date should have sufficient copies prior to sailing.• Ensures member signs EERW within 21 days of period ending date.• Mails completed EERW to parent command for data entry into EERS.
2	Parent Command	<ul style="list-style-type: none">• Enters information from EERW into CGHRMS.• Prints counseling sheet from CGHRMS• Returns counseling sheet to Unit.
3	Unit	<ul style="list-style-type: none">• Counsels member, gets signature, and files counseling sheet in member's record.

Continued on Next Page

How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS, Continued

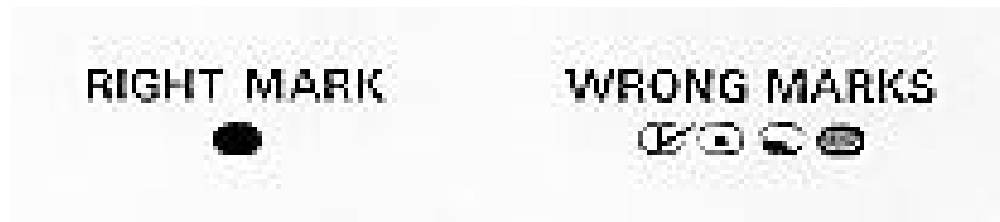
Before you begin

EERW's must be used for all Enlisted Employee Reviews (EER) submitted with a period end date later than 1AUG02 when applicable. All EER's must be submitted online.

A properly completed EERW is required for entry by parent command. Incorrect forms will be sent back to the unit for corrections.

Keep these important rules in mind while completing EERW's.

- Use a pen or pencil
- Darken the ovals completely, as in this example:



Continued on Next Page

Section A
PERFORMANCE

How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS, Continued

Completing the EERW Follow these steps and examples to complete the EERW.

Note: If you have any questions after reading these directions, please contact HRSIC (ADV) at 785-339-3400 for assistance, before attempting to complete the form.

Step	Action																																																			
1	Determine the reason for evaluation.																																																			
2	<div>Please darken the correct ovals in blocks 1-5.</div> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Block</th><th>Enter</th></tr></thead><tbody><tr><td style="text-align: center;">1</td><td>Print member's full name/rate and unit</td></tr><tr><td style="text-align: center;">2</td><td>Enter member's Employee Id</td></tr><tr><td style="text-align: center;">3</td><td>Darken the oval for the appropriate pay grade</td></tr><tr><td style="text-align: center;">4</td><td>Enter the correct reason code for the evaluation</td></tr><tr><td style="text-align: center;">5</td><td>Enter the correct period ending date</td></tr></tbody></table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%; vertical-align: top;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; padding-bottom: 2px;">1</td><td style="border-bottom: 1px solid black; 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How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS, Continued

Completing the EERW (cont'd)

Step	Action						
3	<p>Darken the ovals that properly evaluate the member.</p> <ul style="list-style-type: none"> • Use only one mark per field. • The supervisor and marking official should use a pencil and enter a mark in the oval, which can be erased if necessary. • The approving official agrees/disagrees and darkens the appropriate oval. 						
4	<p>All marks of:</p> <ul style="list-style-type: none"> • 1; • 2; • 7; • Not Recommended; or • Unsatisfactory in Conduct <p>must have supporting documentation attached to the EERW.</p>						
5	<p>LEADERSHIP POTENTIAL</p> <p>Provide written documentation for all personnel E-6 and above describing in detail their potential for future leadership responsibilities.</p>						
6	<p>Darken the correct Conduct oval.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>CONDUCT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 2px;">COMPETENCY</th> </tr> </thead> <tbody> <tr> <td style="width: 35%; padding: 2px; vertical-align: top;"> <p>CONDUCT The degree to which this member, through personal behavior, conformed to the rules, regulations, and military standards, on and off duty.</p> </td> <td style="width: 65%; padding: 2px; vertical-align: top;"> <table style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">UNSATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">Failed to meet minimum standards as evidenced by NIP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards.</p> </td> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">SATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">No NIP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries.</p> </td> </tr> </table> </td> </tr> </tbody> </table> </div> <p>A mark of unsatisfactory requires adverse supporting documentation.</p>	COMPETENCY		<p>CONDUCT The degree to which this member, through personal behavior, conformed to the rules, regulations, and military standards, on and off duty.</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">UNSATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">Failed to meet minimum standards as evidenced by NIP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards.</p> </td> <td style="width: 50%; padding: 2px;"> <p style="text-align: center;">SATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">No NIP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries.</p> </td> </tr> </table>	<p style="text-align: center;">UNSATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">Failed to meet minimum standards as evidenced by NIP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards.</p>	<p style="text-align: center;">SATISFACTORY <input type="radio"/></p> <p style="font-size: 0.8em;">No NIP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries.</p>
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Section A
PERFORMANCE

How to Complete Enlisted Employee Review Worksheet for Units Without Access to CGHRMS, Continued

Completing the EERW (cont'd)

Step	Action						
7	<p>The supervisor, marking official and approving official must darken in one oval for a mark of not recommended or recommended.</p> <div style="text-align: center; margin: 20px 0;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">SUPERVISOR:</td> <td style="padding: 5px;"> <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> </tr> <tr> <td style="padding: 5px;">MARKING OFFICIAL:</td> <td style="padding: 5px;"> <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> </tr> <tr> <td style="padding: 5px;">APPROVING OFFICIAL:</td> <td style="padding: 5px;"> <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> </tr> </table> </div> <ul style="list-style-type: none"> All members marked not recommended will not receive a SWE nor be allowed placement on a supplemental advancement or striker list. All evaluations completed in the spring are for the November SWE cycle. Evaluations completed in the fall are for the May SWE cycle. Reservists are evaluated one time per year in May for the October RSWE cycle. 	SUPERVISOR:	<input type="radio"/> Not Recommended <input type="radio"/> Recommended	MARKING OFFICIAL:	<input type="radio"/> Not Recommended <input type="radio"/> Recommended	APPROVING OFFICIAL:	<input type="radio"/> Not Recommended <input type="radio"/> Recommended
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MARKING OFFICIAL:	<input type="radio"/> Not Recommended <input type="radio"/> Recommended						
APPROVING OFFICIAL:	<input type="radio"/> Not Recommended <input type="radio"/> Recommended						
8	<p>The EERW must have four signatures for processing.</p> <ol style="list-style-type: none"> The supervisor Marking official Approving official Member <div style="margin-top: 20px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> SUPERVISOR: <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> <td style="padding: 5px;"> I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div> </td> </tr> <tr> <td style="padding: 5px;"> MARKING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> <td style="padding: 5px;"> I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div> </td> </tr> <tr> <td style="padding: 5px;"> APPROVING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended </td> <td style="padding: 5px;"> <input type="radio"/> Concur <input type="radio"/> Do not concur, changes made <input type="radio"/> Counseling/Documentation for 1, 2, and 7's required <input type="radio"/> Counseling required (specify areas) _____ <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div> </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">MEMBER: I ACKNOWLEDGE HAVING BEEN COUNSELED ON AND HAVE REVIEWED MY ENLISTED PERFORMANCE FORM FOR THIS PERIOD. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE SIGNIFICANCE THAT THE ASSIGNED MARKS HAVE ON MY GOOD CONDUCT ELIGIBILITY. I UNDERSTAND THAT I HAVE 15 CALENDAR DAYS IN WHICH TO SUBMIT A MARKS APPEAL. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE ACTION TAKEN ON MY ADVANCEMENT POTENTIAL.</p> <div style="text-align: right; margin-top: 10px;"> Signature _____ Date _____ </div> </div>	SUPERVISOR: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div>	MARKING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div>	APPROVING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	<input type="radio"/> Concur <input type="radio"/> Do not concur, changes made <input type="radio"/> Counseling/Documentation for 1, 2, and 7's required <input type="radio"/> Counseling required (specify areas) _____ <div style="text-align: right; margin-top: 10px;"> Signature _____ Rate/Rank _____ Date _____ </div>
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Administrative Review of the Enlisted Employee Review Worksheet

Introduction	<p>Everyone involved in the enlisted evaluation process has a responsibility to ensure the form is properly completed. An audit of the worksheet will ensure it is processed properly the first time.</p> <p>Remember the critical nature of the EERW demands that members, commands, parent commands, and processing points adhere strictly to these guidelines to provide the best service to the member being evaluated.</p>
Reasons the EERW rejects	<p>Listed below are several reasons the EERW will be rejected by your parent command. Pay special attention to these areas during your review of each worksheet.</p> <ol style="list-style-type: none">1. Wrong period ending date/wrong evaluation reason.2. Too many marks in field -- Occurs when the rating chain properly changes a factor mark but fails to erase the original mark completely.3. No marks in field -- One oval per factor must be darkened.4. Need supporting documentation.5. Pay grade does not match -- The unit marks the member for semi-annual evaluation when in fact the member advanced at an earlier date.6. No signature -- The supervisor, marking official, approving official, and the member must sign the worksheet. <p>Note: If for some reason the member will be unavailable at the end of the marking period, ensure enough lead-time in EERW preparation to obtain the signature by mail if necessary. This guidance applies to the evaluation of Reserve personnel in particular.</p>
Unit Responsibility	<p>Any worksheet that is improperly completed will be returned to the unit for correction.</p> <p>Note: If the member has transferred; it is the unit's responsibility to forward the EERW to the new command.</p>
For more information or assistance	<p>Any questions concerning the Enlisted Employee Review Worksheet should be referred to HRSIC (ADV) at 785-339-3400. You can also e-mail Advancements at HRSIC-ADV@hric.uscg.mil.</p>

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**ENCLOSURE 1
FORMS AND WORKSHEETS**

Forms and Worksheets

**Forms and
Worksheets**

This is a listing of forms and worksheets as they appear in this Enclosure. All of the worksheets and forms contained in this Enclosure are for local reproduction.

Form Number	Form Name
DD Form 2648	Preseparation Counseling Checklist
CG-3788A	Enlisted Employee Review Worksheet Non-Rated
CG-3788B	Enlisted Employee Review Worksheet Petty Officer
CG-3788C	Enlisted Employee Review Worksheet Master, Senior, Chief Petty Officer
CG-4251	Military Temporary Duty (TDY) or Civilian Temporary Duty (TD) Travel Orders
CG-5489	Waiver/Remission Application
CG-5489A	PERSRU's Endorsement Waiver/Remission Application
CG-5489B	Financial Statement
CG HRSIC-1900	Retired Pay Projection Request
CG HRSIC-2000	PCS Departing/Separation Worksheet
CG HRSIC-2001	Departing TDY or PCS/TEM DUINS to "A" School Worksheet
CG HRSIC-2002	CG Human Resources Management System Assignment Data Worksheet
CG HRSIC-2003	PCS (JFTR, Chap5) Entitlements Worksheet
CG HRSIC-2005	PCS Reporting Worksheet
CG HRSIC-2010	Advances Worksheet
CG HRSIC-2015	Pay Delivery Worksheet
CG HRSIC-2020	Dependency Worksheet
CG HRSIC-2020A	Support Statement
CG HRSIC-2020B	Full-Time Student Statement
CG HRSIC-2020C	Former Spouse Statement

Continued on Next Page

ENCLOSURE 1
FORMS AND WORKSHEETS

Forms and Worksheets, Continued

**Forms and
Worksheets,
continued**

This is a listing of the forms and worksheets as they appear in this Enclosure, continued:

Form Number	Form Name
CG HRSIC-2025	BAH/Housing Worksheet
CG HRSIC-2030	Career Development Worksheet
CG HRSIC-2035	Family Separation Allowance (FSA) Worksheet
CG HRSIC-2040	Allotment Worksheet
CG HRSIC-2045	Career Intentions Worksheet
CG HRSIC-2050	Nonreceipt Worksheet
CG-HRSIC-2055A	Reserve Retirement Transfer Request
CG HRSIC-2060	Bond Worksheet
CG HRSIC-2070	TDY Travel Request Worksheet
CG HRSIC-2075	Family Subsistence Supplemental Allowance (FSSA) Application
CG HRSIC-2426	Career Status Bonus (CSB) Election & Instructions
CG HRSIC-3799R	Reserve Annual Screening Questionnaire (ASQ)
CG HRSIC-5100	Officer Uniform Allowance Claim Worksheet
CG HRSIC-7210	Designation as Payment Approving Official (PAO)
CG HRSIC-7421	UTS Approving Official (AO) Designation
CG-HRSIC-7421/2	CGHRMS User Access Authorization/Revocation

<div>DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD</div> <div>CG-3788A (REV. 12/18/02)</div>		<div>ENLISTED EMPLOYEE REVIEW WORKSHEET</div> <div>NON-RATED</div>																																																																										
INSTRUCTIONS																																																																												
<div><div>• Use a pen or pencil.</div><div>• Darken in the oval completely.</div><div>• Do not make any stray marks on this form.</div></div>				<div>RIGHT MARK</div> <div>●</div>				<div>WRONG MARKS</div> <div>○ ⊙</div>																																																																				
<div>MEMBER: Provide written documentation that is objective, accurate, and timely noting significant accomplishments or aspects of performance that occurred during this marking period.</div> <div>RATING CHAIN: Review the Enlisted Qualifications Manual, COMDTINST M1414.8 (series) to determine the current professional and military job performance requirements for the specific rating. Review the performance qualifications to determine to what degree a member should be able to apply such knowledge. Review Section 10-B, Personnel Manual, COMDINST M1000.6 (series) and other pertinent directives establishing policy and procedures for completing enlisted employee reviews. Evaluate the member against the written performance standards only. When a member has consistently met all the written performance standards for a 2, 4, or 6 and no others, assign that mark. All performance dimensions must be evaluated. Provide written comments with specific examples of performance and behavior to support each mark of 1, 2, 7, or unsatisfactory conduct.</div>						<div>SUPERVISOR: After observing and gathering input on member's performance and behavior, evaluate member's performance against the written performance standards and place an "X" within the appropriate oval. Give form with recommended marks and written comments to the Marking Official within the time frames specified in the CG Personnel Manual.</div> <div>MARKING OFFICIAL: Review the marks recommended by the Supervisor and, considering other information on the member's performance and behavior, recommend marks by darkening in the appropriate ovals and entering the numerical equivalent in the "Mark" column. Give form with recommended marks and written comments to the Approving Official within the timeframes specified in the CG Personnel Manual.</div> <div>APPROVING OFFICIAL: Review the marks recommended by the Marking Official and complete the Approving Official's section. Marks not concurred with must be discussed with the Marking Official. To change a mark, line through and initial the incorrect mark, assign a new mark and change the Mark column. Ensure that required written comments are provided. Also ensure that the member is counseled and signs the worksheet and the marks are entered into the Coast Guard Human Resource Management System, within the time frames specified in the CG Personnel Manual.</div>																																																																						
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MILITARY: Measures a member's ability to bring credit to the Coast Guard through personal demeanor and professional actions.

COMPETENCIES		2		4		6		MARK
1. UNIFORM The extent to which this member appeared neat and smart in uniform.	<input type="radio"/>	Unable or unwilling to consistently appear neat and smart. Failed to maintain uniform standards.	<input type="radio"/>	Presented a physically trim appearance. Uniform neat, clean, and properly worn; non-regulation items never worn. Brass, ribbons, footwear, hat, and devices polished or clean.	<input type="radio"/>	Sharp military appearance. Uniform and all accessories typically flawless. Uniform served as a model to others.	<input type="radio"/>	
2. GROOMING The extent to which this member appeared neat and well groomed.	<input type="radio"/>	Occasionally had to be reminded to cut or groom hair. If worn, beard or moustache did not meet grooming standards.	<input type="radio"/>	Consistently met grooming standards by having hair cut and groomed. If worn, beard or moustache was neat and properly trimmed.	<input type="radio"/>	Typically looked sharp. Grooming clearly exceeded standards. Set example for others.	<input type="radio"/>	
3. CUSTOMS AND COURTESIES The extent to which this member conformed to military traditions, customs, and courtesies; and set standards for subordinates' performance and behavior.	<input type="radio"/>	Occasionally failed to conform to military traditions, or customs and courtesies. Performance of subordinates was marginal or unacceptable.	<input type="radio"/>	Practiced and accepted military customs and courtesies. Showed respect to rank and privilege	<input type="radio"/>	Consistently adhered to military customs, courtesies, and protocol in all situations. Inspired similar standards in others.	<input type="radio"/>	

PERFORMANCE: Measures a member's ability to acquire knowledge and the ability to use knowledge, skill, and direction to accomplish work.

COMPETENCIES		2		4		6		MARK
1. PROFESSIONAL/SPECIALTY KNOWLEDGE The degree to which this member demonstrated competency and proficiency for assignment.	<input type="radio"/>	Experienced difficulty in demonstrating proficiency. Failed to maintain qualifications. Did not demonstrate knowledge of policies and procedures.	<input type="radio"/>	Demonstrated good knowledge of policies and procedures. Had total understanding of routine concepts of assignment.	<input type="radio"/>	Consistently demonstrated outstanding knowledge and skills; performed all tasks beyond expectations.	<input type="radio"/>	
2. QUALITY OF WORK The degree to which this member completed quality work and required guidance.	<input type="radio"/>	Work often of poor quality and needed upgrading or redoing to be acceptable. Stood poor watches; often failed to comply with standing rules and orders. Required more guidance for paygrade and experience.	<input type="radio"/>	Demonstrated good application of skills and experience to produce finished work of good quality. Stood good, responsible watches. Worked well on own; needed minimum guidance for new or complex tasks.	<input type="radio"/>	Consistently produced work of highest quality; exceeded expectations and/or standards for tasks. Work typically done right the first time. Needed minimum supervision for tasks.	<input type="radio"/>	
3. MONITORING WORK The degree to which this member identified what needed to be done, set priorities, and kept supervisor informed.	<input type="radio"/>	Sometimes needed help in prioritizing routine tasks. Usually unprepared. Did not follow policies or standard procedures. Occasionally late informing supervisor of changing situations or completion of tasks.	<input type="radio"/>	Made good use of allotted time and properly used materials. Provided factual and accurate reports to supervisor on all aspects of work.	<input type="radio"/>	Consistently completed work ahead of schedule. Extremely reliable; kept supervisor informed of problems, progress, or unusual events.	<input type="radio"/>	
4. SAFETY The degree to which this member adhered to safety procedures.	<input type="radio"/>	Safety not a high priority; sometimes disregarded safety procedures or worked without safety equipment.	<input type="radio"/>	Adhered to safe operating procedures for all aspects of work. Properly used required safety equipment.	<input type="radio"/>	Consistently followed and stressed safety procedures.	<input type="radio"/>	
5. STAMINA The degree to which this member thought and acted effectively under conditions that were stressful and mentally or physically fatiguing.	<input type="radio"/>	Physically/mentally tired under stress or during periods of extended work. Resisted putting in necessary overtime. Productivity or safety dropped in stressful situations.	<input type="radio"/>	Handled stressful situations well. Worked extra hours as required to get the job done. Productivity and safety were adequate.	<input type="radio"/>	Willingly worked overtime when necessary to get the job done. No loss of productivity or safety during stressful situations or extended work hours.	<input type="radio"/>	

PERFORMANCE (Continued)

COMPETENCIES		2		4		6		MARK
6. COMMUNICATING The degree to which this member listened, spoke, and expressed thoughts clearly and logically.	<input type="radio"/>	Used inappropriate language or mannerisms. Failed to listen carefully. Expressed thoughts lacked clarity. Disorganized in verbal presentations. <input type="radio"/>	<input type="radio"/>	Able to get point across. Demonstrated ability to communicate contributed to overall performance. Listened attentively. <input type="radio"/>	<input type="radio"/>	Consistently displayed an outstanding ability in verbal expressions. Presentations were well organized. <input type="radio"/>	<input type="radio"/>	

PROFESSIONAL QUALITIES: Measures a member's ability to acquire knowledge and the ability to use knowledge, skill, and direction to accomplish work.

COMPETENCIES		2		4		6		MARK
1. HEALTH AND WELL-BEING The degree to which this member exercised moderation in the use of alcohol. The degree to which this member maintained weight standards.	<input type="radio"/>	Failed to meet minimum standards of sobriety or weight control. <input type="radio"/>	<input type="radio"/>	Maintained weight standards. Used alcohol discriminately or not at all; job performance not affected. Held self and subordinates accountable in meeting minimum standards, on and off duty. <input type="radio"/>	<input type="radio"/>	Consistently demonstrated a significant commitment, beyond setting an example, on and off duty, to the well being of self and subordinates. <input type="radio"/>	<input type="radio"/>	
2. INTEGRITY The degree to which this member demonstrated the qualities of honesty and fair-mindedness in personal relationships and actions, on and off duty.	<input type="radio"/>	Untrustworthy; shaded the truth. Took advantage of situations for personal gain. <input type="radio"/>	<input type="radio"/>	Honest and truthful. Demonstrated strong moral character. Was fair-minded and trustworthy. <input type="radio"/>	<input type="radio"/>	Consistently adhered to highest standards of honesty, truthfulness, and integrity. Required same of others. Strong moral principles and convictions as demonstrated by personal actions. <input type="radio"/>	<input type="radio"/>	
3. LOYALTY The degree to which this member was committed to the Coast Guard, unit, supervisor, and shipmates.	<input type="radio"/>	Sometimes complained or otherwise outwardly showed lack of commitment to Coast Guard and its missions, unit, or well-being of others. <input type="radio"/>	<input type="radio"/>	Exhibited pride in being part of the Coast Guard. Supported decisions of command. Loyal to seniors, shipmates, and subordinates. Backed subordinates. Was committed in doing the best job possible. <input type="radio"/>	<input type="radio"/>	Personal actions consistently demonstrated a strong dedication to duty, Coast Guard, and unit. Extremely loyal and supportive of seniors, shipmates, and subordinates. <input type="radio"/>	<input type="radio"/>	
4. RESPECTING OTHERS The degree to which this member cooperated with other people or units to achieve common goals.	<input type="radio"/>	Showed disregard for feelings of others through inappropriate comments or actions. Did not promote a team effort. <input type="radio"/>	<input type="radio"/>	Treated others in a courteous, thoughtful, and respectful manner. Worked comfortably with others of all ranks and positions. <input type="radio"/>	<input type="radio"/>	Worked to achieve a high state of mutual respect with all. Actively encouraged sensitivity to and understanding of the attitudes, perceptions, and ideas of others. Outstanding cooperation with others. <input type="radio"/>	<input type="radio"/>	
5. HUMAN RELATIONS The degree to which this member fulfilled the letter and spirit of the Coast Guard's Human Relations/Sexual Harassment policy in personal relationships and actions.	<input type="radio"/>	Displayed discriminatory tendencies toward others based on their religion, age, sex, race, marital status, or ethnic background. Allowed bias to influence appraisals or the treatment of others. Was disrespectful or used position to harass others. Did not hold self or subordinates accountable for their human relations/sexual harassment responsibilities. <input type="radio"/>	<input type="radio"/>	Held self and subordinates accountable for living up to the spirit of the Coast Guard's Human Relations/ Sexual Harassment statements. Treated others fairly and with dignity without regard to religion, age, sex, race, marital status, or ethnic background. No bias in work or appraisal actions. Personal actions contributed to unit morale. <input type="radio"/>	<input type="radio"/>	Demonstrated through leadership a strong personal commitment to fair and equal treatment of others in all situations, without regard to religion, age, sex, race, marital status, or ethnic background. Actively campaigned against prejudicial actions or behavior by others. Made noteworthy contributions to prevent and eliminate prejudicial actions in the work place. <input type="radio"/>	<input type="radio"/>	
6. ADAPTABILITY The degree to which this member adjusted and managed change.	<input type="radio"/>	Occasionally had difficulty in adjusting to changes in job, policies, procedures, and environment. Effectiveness impaired by changes to routine. <input type="radio"/>	<input type="radio"/>	Took change in stride. Adapted quickly to changes. Maintained effectiveness despite disruptions to work routine. <input type="radio"/>	<input type="radio"/>	Managed change and adjusted easily to major or last minute changes in job, policies, procedures, and environment. Very flexible. Maintained a high degree of effectiveness. <input type="radio"/>	<input type="radio"/>	

LEADERSHIP: Measures a member’s ability to direct, guide, develop, influence, and support others in the performance of work.

(E-3 Personnel Only)

COMPETENCIES		2		4		6		MARK
1. WORKING WITH OTHERS The degree to which this member promoted a team effort in accomplishing goals.	<input type="radio"/>	Disregarded the ideas of others. Not a team player; burden on group. <input type="radio"/>	<input type="radio"/>	Demonstrated CAN DO attitude. Contributed ideas; carried own share of workload. <input type="radio"/>	<input type="radio"/>	Outstanding team member; took on extra duties. Ideas and recommendations sought by others. <input type="radio"/>	<input type="radio"/>	
2. RESPONSIBILITY This member’s ability and willingness to enforce standards on self, subordinates, and others; to support policies and decisions; and to hold one’s self accountable for own and subordinate’s actions.	<input type="radio"/>	Provided little or no support for policies and decisions. Unwilling to hold self or subordinates accountable for actions. Lax at enforcing military rules and regulations. <input type="radio"/>	<input type="radio"/>	Required self, subordinates, and others to conform to military rules and regulations. Fully supported policies and decisions of seniors. Enforced standards uniformly. <input type="radio"/>	<input type="radio"/>	Consistently held self, subordinates, and others accountable for performance and behavior. Actively persuaded others to support policies and decisions even if unpopular. Outstanding leader that aggressively worked to ensure that standards were uniformly enforced. <input type="radio"/>	<input type="radio"/>	
3. MOTIVATION TOWARDS ADVANCEMENT The degree to which this member pursued completion of courses and training.	<input type="radio"/>	Lackadaisical, made little effort in seeking training; slow to complete courses and performance qualifications. Lacked desire to advance. <input type="radio"/>	<input type="radio"/>	Demonstrated strong desire to advance. Consistently pursued completion of requirements necessary for advancement. <input type="radio"/>	<input type="radio"/>	Determined to advance; completed all requirements ahead of required time frames. Sought additional training to enhance and improve opportunity to advance. <input type="radio"/>	<input type="radio"/>	
4. SETTING AN EXAMPLE This member’s ability and willingness to seek responsibility and display positive judgment in making decisions.	<input type="radio"/>	Projected an apathetic attitude towards assigned work, the Coast Guard, unit policies, or decisions of seniors. Sometimes indecisive or unwilling to make necessary decisions for areas of responsibility. Set poor example by lack of action. Frequently made bad decisions. <input type="radio"/>	<input type="radio"/>	Self-starter; influenced others by projecting a positive and enthusiastic attitude. Demonstrated good judgment in making decisions. <input type="radio"/>	<input type="radio"/>	Outstanding role model; sought additional responsibility. Made excellent decisions and recommendations. Actively promoted acceptance of all work including unpleasant assignments. <input type="radio"/>	<input type="radio"/>	

CONDUCT

COMPETENCY	
CONDUCT The degree to which this member, through personal behavior, conformed to the rules, regulations, and military standards, on and off duty.	<div>UNSATISFACTORY <input type="radio"/></div> <div>Failed to meet minimum standards as evidenced by NJP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards.</div> <div>SATISFACTORY <input type="radio"/></div> <div>No NJP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries.</div>
RECOMMENDATION FOR ADVANCEMENT NOT RECOMMENDED: Check this block if, in the view of the rating official, the individual is not capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. RECOMMENDED: Check this block if, in the view of the rating official, the individual is fully capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. This block may be checked irrespective of the individual’s qualification of eligibility for advancement.	
SUPERVISOR: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div>Signature _____ Rate/Rank _____ Date _____</div>
MARKING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div>Signature _____ Rate/Rank _____ Date _____</div>
APPROVING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	<div><input type="radio"/> Concur <input type="radio"/> Do not concur, changes made <input type="radio"/> Counseling/ Documentation for 1, 2, and 7’s required <input type="radio"/> Counseling required (specify areas) _____</div> <div>Signature _____ Rate/Rank _____ Date _____</div>

MEMBER: I ACKNOWLEDGE HAVING BEEN COUNSELED ON AND HAVE REVIEWED MY ENLISTED PERFORMANCE FORM FOR THIS PERIOD. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE SIGNIFICANCE THAT THE ASSIGNED MARKS HAVE ON MY GOOD CONDUCT ELIGIBILITY. I UNDERSTAND THAT I HAVE 15 CALENDAR DAYS IN WHICH TO SUBMIT A MARKS APPEAL. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE ACTION TAKEN ON MY ADVANCEMENT POTENTIAL.

Signature _____

Date _____

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LEADERSHIP: Measures a member's ability to direct, guide, develop, influence, and support others in the performance of work.

COMPETENCIES		2		4		6		MARK
1. DIRECTING OTHERS The effectiveness of this member in influencing and guiding others in the completion of tasks.	<input type="radio"/>	Had difficulty in directing and influencing others effectively. Did not instill confidence in subordinates and others. Did not manage difficult situations. Did not establish and maintain standards of quality or quantity for work produced.	<input type="radio"/>	Knew and used people's abilities to ensure that high work standards were maintained. Kept self and others motivated towards completion of work. Subordinates knew their role.	<input type="radio"/>	Achieved positive and prompt action from others, even in difficult situations. Ensured that each member knew their role in organization. A strong and respected leader.	<input type="radio"/>	
2. WORKING WITH OTHERS The degree to which this member promoted a team effort in accomplishing goals.	<input type="radio"/>	Exerted little or no influence over group resulting in disorganized efforts. Allowed conflicts to go on between group members. Disregarded the ideas of others. Not a team player.	<input type="radio"/>	Demonstrated CAN DO attitude. Ensured workload equitably distributed. Encouraged other team members to contribute ideas.	<input type="radio"/>	Outstanding team leader that excelled in getting all to work together. Group consistently effective and productive in achieving team goals.	<input type="radio"/>	
3. DEVELOPING SUBORDINATES The extent this member used coaching, counseling, training, and education to increase the knowledge and performance of subordinates or others. The degree of this member's sensitivity and responsiveness to the goals and achievements of others.	<input type="radio"/>	Contributed little to training and educational programs to develop subordinates or others. Accepted marginal or unsatisfactory performance or behavior. Failed to provide timely or constructive feedback. Rarely acknowledged or recognized subordinates' or others' accomplishments or achievements.	<input type="radio"/>	Participated in formal, informal, and on job training. Successful at coaching; encouraged others to improve. Performance feedback was timely and constructive.	<input type="radio"/>	Consistently shared knowledge with subordinates and others through training. Performance feedback was timely and constructive. Initiated appropriate and timely recognition of subordinates and others.	<input type="radio"/>	
4. RESPONSIBILITY This member's ability and willingness to enforce standards on self, subordinates, and others; to support policies and decisions; and to hold one's self accountable for own and subordinate's actions.	<input type="radio"/>	Provided little or no support for policies and decisions. Unwilling to hold self or subordinates accountable for actions. Lax at enforcing military rules and regulations.	<input type="radio"/>	Required self, subordinates, and others to conform to military rules and regulations. Fully supported policies and decisions of seniors. Enforced standards uniformly.	<input type="radio"/>	Consistently held self, subordinates, and others accountable for performance and behavior. Actively persuaded others to support policies and decisions even if unpopular. Outstanding leader that aggressively worked to ensure that standards were uniformly enforced.	<input type="radio"/>	
5. EVALUATIONS The extent to which this member conducted, or required others to conduct, evaluations that were objective, accurate, fair, timely, and consistent with actual performance. Evaluations treated as an ongoing process vice an event.	<input type="radio"/>	Written or oral reports on the performance of self, subordinates, or others were typically submitted late, in complete, or inconsistent with actual performance. Provided little or no counseling to subordinates.	<input type="radio"/>	Provided complete and accurate reports, written or oral, on self, subordinates, or others. Performance and behavior properly evaluated against the written standards. Supporting documentation, when required, contained specific and descriptive observations. Subordinates and others received timely and constructive counseling.	<input type="radio"/>	Written or oral reports consistently timely and clearly measured performance against written standards. Written supporting documentation, if necessary, was complete, accurate, specific, and supported numerical evaluations. Did not accept inaccurate reports from others.	<input type="radio"/>	
6. WORK-LIFE SENSITIVITY/EXPERTISE The acquisition and use of both knowledge and skills to enhance the overall quality of life and general welfare of CG members and their families. This member's interest in and level of support for CG Work-Life and related programs regardless of billet.	<input type="radio"/>	Lacked basic understanding of Work-Life and related programs. Not responsive to the personal needs of CG members and their families. Demonstrated little or no concern for the needs of CG members and their families. Failed to provide adequate support or assistance for people's problems. Avoided opportunities to develop expertise including acquisition of essential knowledge or skills.	<input type="radio"/>	Knowledgeable on Work-Life principles, issues, and resources. Conveyed that knowledge to CG members and their families. Provided support with personal or job-related problems and needs; if unable to provide support, ensured that appropriate counseling and assistance were available from other sources.	<input type="radio"/>	In-depth knowledge of Work-Life program. Responsive to the needs of CG members and their families; went the extra mile to help those in need. Consistently apprised CG members and their families of Work-Life related programs.	<input type="radio"/>	
7. SETTING AN EXAMPLE This member's ability and willingness to seek responsibility and display positive judgment in making decisions.	<input type="radio"/>	Projected an apathetic attitude towards assigned work, the Coast Guard, unit policies, or decisions of seniors. Sometimes indecisive or unwilling to make necessary decisions for areas of responsibility. Set poor example by lack of action. Frequently made bad decisions.	<input type="radio"/>	Self-starter; influenced others by projecting a positive and enthusiastic attitude. Demonstrated good judgment in making decisions.	<input type="radio"/>	Outstanding role model; sought additional responsibility. Made excellent decisions and recommendations. Actively promoted acceptance of all work including unpleasant assignments.	<input type="radio"/>	

MILITARY: Measures a member's ability to bring credit to the Coast Guard through personal demeanor and professional actions.

COMPETENCIES		2		4		6		MARK
1. MILITARY BEARING The extent to which this member appeared neat, smart, and well groomed in uniform; and set standards for subordinates.	<input type="radio"/>	Unable or unwilling to consistently appear neat, smart, and well groomed. Failed to maintain uniform or grooming standards. Performance of subordinates was marginal or unacceptable.	<input type="radio"/>	Demonstrated great care in maintaining and wearing uniform. Hair groomed to standards; if worn, beard or moustache also neat and properly trimmed. Presented a physically trim appearance.	<input type="radio"/>	Standards for uniform and grooming excellence served as model for others. Performance of subordinates was exceptional.	<input type="radio"/>	

MILITARY:(Continued) Measures a member's ability to bring credit to the Coast Guard through personal demeanor and professional action:

COMPETENCIES		2		4		6		MARK
2. CUSTOMS AND COURTESIES The extent to which this member conformed to military traditions, customs, and courtesies; and set standards for subordinates' performance and behavior.	<input type="radio"/>	Occasionally failed to conform to military traditions, or customs and courtesies. Performance of subordinates was marginal or unacceptable. <input type="radio"/>	<input type="radio"/>	Maintained military formality, precedence, courtesies, and respect to rank and privilege; required same of subordinates. <input type="radio"/>	<input type="radio"/>	Exemplified the finest traditions of military customs, courtesies, and protocol in all situations. Inspired similar standards in others. Performance of subordinates was exceptional. <input type="radio"/>	<input type="radio"/>	

PERFORMANCE: Measures a member's ability to acquire knowledge and the ability to use knowledge, skill, and direction to accomplish work.

COMPETENCIES		2		4		6		MARK
1. PROFESSIONAL/SPECIALTY KNOWLEDGE The degree to which this member demonstrated technical competency and proficiency for rating or special assignment.	<input type="radio"/>	Marginal knowledge of rating or special assignment. Experienced difficulty in demonstrating proficiency. Failed to maintain qualifications. Did not demonstrate knowledge of policies and procedures. <input type="radio"/>	<input type="radio"/>	Demonstrated good knowledge of policies and procedures. Had total understanding of routine concepts of rating or special assignment. Solved everyday problems encountered in completing most assigned tasks. <input type="radio"/>	<input type="radio"/>	Consistently demonstrated outstanding knowledge and skills; performed all tasks. Developed and analyzed alternatives needed to solve difficult problems. <input type="radio"/>	<input type="radio"/>	
2. QUALITY OF WORK The degree to which this member completed quality work and required guidance.	<input type="radio"/>	Work often of poor quality and needed upgrading or redoing to be acceptable. Stood poor watches; often failed to comply with standing rules and orders. Required more guidance for paygrade and experience. <input type="radio"/>	<input type="radio"/>	Used training, experience, and proper procedures to produce finished work of good quality. Stood good, responsible watches. Worked well on own; needed minimum guidance for new or complex tasks. <input type="radio"/>	<input type="radio"/>	Consistently produced work of highest quality; exceeded expectations and/or standards for tasks. Used knowledge and experience to resolve unusual problems/situations while on watch. Needed no guidance other than initial direction to complete new or complex tasks. <input type="radio"/>	<input type="radio"/>	
3. MONITORING WORK The degree to which this member identified what needed to be done, set priorities, and kept supervisor informed.	<input type="radio"/>	Sometimes needed help in prioritizing routine tasks. Usually unprepared. Did not follow policies or standard procedures. Occasionally late informing supervisor of changing situations or completion of tasks. <input type="radio"/>	<input type="radio"/>	Quickly recognized difference between routine and priority tasks and organized work accordingly. Carefully monitored progress of tasks to completion. Provided factual and accurate reports to supervisor on all aspects of work. <input type="radio"/>	<input type="radio"/>	Accurately set priorities for all assigned tasks and consistently completed work ahead of schedule. Consistently kept supervisor informed of progress/problems, results, and new work efforts. <input type="radio"/>	<input type="radio"/>	
4. USING RESOURCES The degree to which this member used personnel and material resources.	<input type="radio"/>	Occasionally wasted materials or unable to properly and effectively use tools, publications, and equipment. Sometimes wasted time. Did not delegate well. Often failed to follow up. <input type="radio"/>	<input type="radio"/>	Made good use of available personnel and their skills. Materials, tools, equipment, and publications effectively used. <input type="radio"/>	<input type="radio"/>	Used all personnel and their skills to capacity in a positive working environment. Sought out better ways to accomplish tasks. <input type="radio"/>	<input type="radio"/>	
5. SAFETY The degree to which this member identified, evaluated, and managed risks to personnel.	<input type="radio"/>	Failed to adequately identify and protect personnel from hazards. Did not follow standard procedures in risk identification and assessment of hazards. Safety not a high priority; sometimes allowed personnel to disregard safety procedures or to work without safety equipment. <input type="radio"/>	<input type="radio"/>	Ensured that safe operating procedures were followed for all aspects of work. Ensured that required safety equipment was available and used. Followed-up and ensured that identified hazards were removed. <input type="radio"/>	<input type="radio"/>	Consistently stressed safety. Demonstrated a significant commitment towards the identification and removal of hazards to personnel. <input type="radio"/>	<input type="radio"/>	
6. STAMINA The degree to which this member thought and acted effectively under conditions that were stressful and mentally or physically fatiguing.	<input type="radio"/>	Physically/mentally tired under stress or during periods of extended work. Resisted putting in necessary overtime. Productivity or safety dropped in stressful situations. <input type="radio"/>	<input type="radio"/>	Handled stressful situations well. Worked extra hours as required to get the job done. Productivity and safety were adequate. <input type="radio"/>	<input type="radio"/>	Willingly worked overtime when necessary to get the job done. No loss of productivity or safety during stressful situations or extended work hours. <input type="radio"/>	<input type="radio"/>	
7. COMMUNICATING The degree to which this member listened, spoke, and expressed thoughts clearly and logically.	<input type="radio"/>	Used inappropriate language or mannerisms. Failed to listen carefully. Expressed thoughts lacked clarity. Disorganized in verbal presentations. <input type="radio"/>	<input type="radio"/>	Used appropriate language; able to get point across. Demonstrated ability to communicate contributed to overall performance. Listened attentively. <input type="radio"/>	<input type="radio"/>	Consistently displayed an outstanding ability in verbal expressions. Promoted open communications; put others at ease and drew out their suggestions/comments. Presentations were typically well organized. <input type="radio"/>	<input type="radio"/>	

PROFESSIONAL QUALITIES: Measures a member's ability to acquire knowledge and the ability to use knowledge, skill, and direction to accomplish work.

COMPETENCIES		2		4		6		MARK
1. HEALTH AND WELL-BEING The degree to which this member exercised moderation in the use of alcohol. The degree to which this member maintained weight standards.	<input type="radio"/>	Failed to meet minimum standards of sobriety or weight control. <input type="radio"/>	<input type="radio"/>	Maintained weight standards. Used alcohol discriminately or not at all; job performance not affected. Held self and subordinate's accountable in meeting minimum standards, on and off duty. <input type="radio"/>	<input type="radio"/>	Consistently demonstrated a significant commitment, beyond setting an example, on and off duty, to the well-being of self and subordinates. <input type="radio"/>	<input type="radio"/>	
2. INTEGRITY The degree to which this member demonstrated the qualities of honesty and fair mindedness in personal relationships and actions, on and off duty.	<input type="radio"/>	Untrustworthy; shaded the truth. Took advantage of situations for personal gain. <input type="radio"/>	<input type="radio"/>	Honest and truthful. Demonstrated strong moral character. Was fair-minded and trustworthy. <input type="radio"/>	<input type="radio"/>	Consistently adhered to highest standards of honesty, truthfulness, and integrity. Required same of others. Strong moral principles and convictions as demonstrated by personal actions. <input type="radio"/>	<input type="radio"/>	
3. LOYALTY The degree to which this member was committed to the Coast Guard, unit, supervisor, and shipmates.	<input type="radio"/>	Sometimes complained or otherwise outwardly showed lack of commitment to Coast Guard and its missions, unit, or well-being of others. <input type="radio"/>	<input type="radio"/>	Exhibited pride in being part of the Coast Guard. Supported decisions of command. Loyal to seniors, shipmates, and subordinates. Backed subordinates. Was committed in doing the best job possible. <input type="radio"/>	<input type="radio"/>	Personal actions consistently demonstrated a strong dedication to duty, Coast Guard, and unit. Extremely loyal and supportive of seniors, shipmates, and subordinates. <input type="radio"/>	<input type="radio"/>	
4. RESPECTING OTHERS The degree to which this member cooperated with other people or units to achieve common goals.	<input type="radio"/>	Showed disregard for feelings of others through inappropriate comments or actions. Did not promote a team effort. <input type="radio"/>	<input type="radio"/>	Treated others in a courteous, thoughtful, and respectful manner. Worked comfortably with others of all ranks and positions. <input type="radio"/>	<input type="radio"/>	Worked to achieve a high state of mutual respect with all. Actively encouraged sensitivity to and understanding of the attitudes, perceptions, and ideas of others. Outstanding cooperation with others. <input type="radio"/>	<input type="radio"/>	
5. HUMAN RELATIONS The degree to which this member fulfilled the letter and spirit of the Coast Guard's Human Relations/ Sexual Harassment policy in personal relationships and actions.	<input type="radio"/>	Displayed discriminatory tendencies toward others based on their religion, age, sex, race, marital status, or ethnic background. Allowed bias to influence appraisals or the treatment of others. Did not hold self or subordinates accountable for their human relations/sexual harassment responsibilities. <input type="radio"/>	<input type="radio"/>	Held self and subordinates accountable for living up to the spirit of the Coast Guard's Human Relations/ Sexual Harassment statements. Treated others fairly and with dignity without regard to religion, age, sex, race, marital status, or ethnic background. No bias in work or appraisal actions. Personal actions contributed to unit morale. <input type="radio"/>	<input type="radio"/>	Demonstrated through leadership a strong personal commitment to fair and equal treatment of others in all situations, without regard to religion, age, sex, race, marital status, or ethnic background. Actively campaigned against prejudicial actions or behavior by others. Made noteworthy contributions to prevent and eliminate prejudicial actions in the work place. <input type="radio"/>	<input type="radio"/>	
6. ADAPTABILITY The degree to which this member adjusted and managed change.	<input type="radio"/>	Occasionally had difficulty in adjusting to changes in job, policies, procedures, and environment. Effectiveness impaired by changes to routine. <input type="radio"/>	<input type="radio"/>	Took change in stride. Adapted quickly to changes. Maintained effectiveness despite disruptions to work routine. <input type="radio"/>	<input type="radio"/>	Managed change and adjusted easily to major or last minute changes in job, policies, procedures, and environment. Very flexible. Maintained a high degree of effectiveness. <input type="radio"/>	<input type="radio"/>	

CONDUCT

COMPETENCY	
CONDUCT The degree to which this member, through personal behavior, conformed to the rules, regulations, and military standards, on and off duty.	<div style="display: flex; justify-content: space-between;"> <div> UNSATISFACTORY Failed to meet minimum standards as evidenced by NJP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards. </div> <div><input type="radio"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div> SATISFACTORY No NJP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries. </div> <div><input type="radio"/></div> </div>
RECOMMENDATION FOR ADVANCEMENT NOT RECOMMENDED: Check this block if, in the view of the rating official, the individual is not capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. RECOMMENDED: Check this block if, in the view of the rating official, the individual is fully capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. This block may be checked irrespective of the individual's qualification of eligibility for advancement.	
SUPERVISOR: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>
MARKING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>
APPROVING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	<input type="radio"/> Concur <input type="radio"/> Do not concur, changes made <input type="radio"/> Counseling/Documentation for 1, 2, and 7's required <input type="radio"/> Counseling required (specify areas) _____ <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>

MEMBER: I ACKNOWLEDGE HAVING BEEN COUNSELED ON AND HAVE REVIEWED MY ENLISTED PERFORMANCE FORM FOR THIS PERIOD. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE SIGNIFICANCE THAT THE ASSIGNED MARKS HAVE ON MY GOOD CONDUCT ELIGIBILITY. I UNDERSTAND THAT I HAVE 15 CALENDAR DAYS IN WHICH TO SUBMIT A MARKS APPEAL. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE ACTION TAKEN ON MY ADVANCEMENT POTENTIAL.

Signature

Date

<div>DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD</div> <div>CG-3788C(REV. 12/18/02)</div>		<div>ENLISTED EMPLOYEE REVIEW WORKSHEET</div> <div>MASTER, SENIOR, CHIEF PETTY OFFICER</div>																																																																										
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<div><div><div>• Use a pen or pencil.</div><div>• Darken in the oval completely.</div><div>• Do not make any stray marks on this form.</div></div></div>				<div>RIGHT MARK</div> <div>●</div>				<div>WRONG MARKS</div> <div>○ ○</div>																																																																				
<div><div>MEMBER:</div> Provide written documentation that is objective, accurate, and timely noting significant accomplishments or aspects of performance that occurred during this marking period.</div> <div><div>RATING CHAIN:</div> Review the Enlisted Qualifications Manual, COMDTINST M1414.8 (series) to determine the current professional and military job performance requirements for the specific rating. Review the performance qualifications to determine to what degree a member should be able to apply such knowledge. Review Section 10-B, Personnel Manual, COMDINST M1000.6 (series) and other pertinent directives establishing policy and procedures for completing enlisted employee reviews. Evaluate the member against the written performance standards only. When a member has consistently met all the written performance standards for a 2, 4, or 6 and no others, assign that mark. All performance dimensions must be evaluated. Provide written comments to describe the member's leadership potential. Written comments are also required to support each mark of 1, 2, 7 or unsatisfactory conduct. Written comments should provide specific examples of performance and behavior.</div> <div><div>LEADERSHIP POTENTIAL:</div> Provide written documentation for all E-7, E-8, and E-9 personnel describing in detail their potential for future leadership responsibilities.</div>						<div><div>SUPERVISOR:</div> After observing and gathering input on member's performance and behavior, evaluate member's performance against the written performance standards and place an "X" within the appropriate oval. Give form with recommended marks and written comments to the Marking Official within the time frames specified in the CG Personnel Manual.</div> <div><div>MARKING OFFICIAL:</div> Review the marks recommended by the Supervisor and, considering other information on the member's performance and behavior, recommend marks by darkening in the appropriate ovals and entering the numerical equivalent in the "Mark" column. Give form with recommended marks and written comments to the Approving Official within the timeframes specified in the CG Personnel Manual.</div> <div><div>APPROVING OFFICIAL:</div> Review the marks recommended by the Marking Official and complete the Approving Official's section. Marks not concurred with must be discussed with the Marking Official. To change a mark, line through and initial the incorrect mark, assign a new mark and change the Mark column. Ensure that required written comments are provided. Also ensure that the member is counseled and signs the worksheet and the marks are entered into the Coast Guard Human Resource Management System, within the time frames specified in the CG Personnel Manual.</div>																																																																						
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LEADERSHIP: Measures a member's ability to direct, guide, develop, influence, and support others in the performance of work.

COMPETENCIES		2		4		6		MARK
1. DIRECTING OTHERS The effectiveness of this member in influencing and guiding others in the completion of tasks.	<input type="radio"/>	Had difficulty in directing and influencing others effectively. Did not instill confidence in subordinates and others. Did not manage difficult situations. Did not establish and maintain standards of quality or quantity for work produced.	<input type="radio"/>	Guided and reviewed work of others to ensure that high work standards were maintained. Kept self and others motivated towards completion of work. A leader who influenced and earned the respect of others.	<input type="radio"/>	Achieved superior results in spite of unanticipated conditions or difficult situations. Demonstrated ability to define and carry out assignments or projects by achieving results not normally attainable. Ensured that each member knew their role in organization. A strong and respected leader.	<input type="radio"/>	
2. WORKING WITH OTHERS The degree to which this member promoted a team effort in accomplishing goals.	<input type="radio"/>	Exerted little or no influence over group resulting in disorganized efforts. Allowed conflicts to go on between group members. Disregarded the ideas of others. Not a team player.	<input type="radio"/>	Promoted cooperation between team members. Ensured work equitably distributed. Resolved conflicts quickly and stayed focused on team goals. Encouraged other team members to contribute ideas.	<input type="radio"/>	Outstanding team leader that excelled in getting all to work together. Group consistently effective and productive in achieving goals. Skillfully used knowledge of group dynamics to achieve maximum performance.	<input type="radio"/>	
3. DEVELOPING SUBORDINATES The extent this member used coaching, counseling, training, and education to increase the knowledge and performance of subordinates or others. The degree of this member's sensitivity and responsiveness to the goals and achievements of others.	<input type="radio"/>	Contributed little to training and educational programs to develop subordinates or others. Accepted marginal or unsatisfactory performance or behavior. Failed to provide timely or constructive feedback. Rarely acknowledged or recognized subordinates' or others' accomplishments or achievements.	<input type="radio"/>	Took active role in the development of subordinates and others. Provided opportunities for training and education which supported professional growth. Performance feedback was timely and constructive.	<input type="radio"/>	Actively promoted a commitment to learning and personal development. Consistently shared knowledge with subordinates and others by planning and conducting training. Initiated appropriate and timely recognition of subordinates and others.	<input type="radio"/>	
4. RESPONSIBILITY This member's ability and willingness to enforce standards on self, subordinates, and others; to support policies and decisions; and to hold one's self accountable for own and subordinate's actions.	<input type="radio"/>	Provided little or no support for policies and decisions. Unwilling to hold self or subordinates accountable for actions. Lax at enforcing military rules and regulations.	<input type="radio"/>	Required self, subordinates, and others to conform to military rules and regulations. Enthusiastically supported policies and decisions of seniors. Initiated appropriate administrative and disciplinary action when necessary. Enforced standards uniformly.	<input type="radio"/>	Consistently held self, subordinates and others accountable for performance and behavior. Actively persuaded others to support policies and decisions even if unpopular. Outstanding leader that aggressively worked to ensure standards were uniformly enforced.	<input type="radio"/>	
5. EVALUATIONS The extent to which this member conducted, or required others to conduct, evaluations that were objective, accurate, fair, timely, and consistent with actual performance. Evaluations treated as an ongoing process vice an event.	<input type="radio"/>	Written or oral reports on the performance of self, subordinates, or others were typically submitted late, incomplete, or inconsistent with actual performance. Provided little or no counseling to subordinates.	<input type="radio"/>	Provided complete and accurate reports, written or oral, on self, subordinates, or others. Performance and behavior properly evaluated against the written standards. Supporting documentation, when required, contained specific and descriptive observations. Subordinates and others received timely and constructive counseling.	<input type="radio"/>	Written or oral reports consistently timely and clearly measured performance against written standards. Written supporting documentation, if necessary, was complete, accurate, specific, and supported numerical evaluations. Did not accept inaccurate reports from others.	<input type="radio"/>	
6. WORK-LIFE SENSITIVITY/EXPERTISE The acquisition and use of both knowledge and skills to enhance the overall quality of life and general welfare of CG members and their families. This member's interest in and level of support for CG Work-Life and related programs regardless of billet.	<input type="radio"/>	Failed to recognize importance of Work-Life in executing responsibilities to CG and personnel. Contributed to imbalance. Does not incorporate concern for Work-Life issues into management practices. Avoided opportunities to develop expertise including acquisition of essential knowledge or skills. Lacked basic understanding of principles involved and/or knowledge of organization.	<input type="radio"/>	Knowledgeable on Work-Life principles, issues, and resources. Translated that knowledge into effective action for benefit of unit and personnel. Showed appreciation for significance of Work-Life to Coast Guard recruiting, retention, and productivity.	<input type="radio"/>	Superior in-depth knowledge of Work-Life program and its purpose. Took an active role in facilitating solutions to problems experienced by CG members and their families. Promoted flexibility in achieving balance between unit missions and the needs of CG members and their families. Actively pursued greater knowledge and understanding of Work-Life by self, CG members, and their families.	<input type="radio"/>	
7. SETTING AN EXAMPLE This member's ability and willingness to seek responsibility and display positive judgment in making decisions.	<input type="radio"/>	Projected an apathetic attitude towards assigned work, the Coast Guard, unit policies, or decisions of seniors. Sometimes indecisive or unwilling to make necessary decisions for areas of responsibility. Set poor example by lack of action. Frequently made bad decisions.	<input type="radio"/>	Self-starter. Sought opportunities to make decisions or recommendations for areas of responsibility. Influenced others by projecting a positive and enthusiastic attitude. Supported methods of improving performance of unit or Coast Guard.	<input type="radio"/>	Outstanding role model; Consistently sought additional responsibility. Made excellent decisions and recommendations based on experience and relevant information. Aggressively promoted acceptance of all work. Skillfully persuaded others that all work, including unpleasant assignments, contributed to achieving unit mission.	<input type="radio"/>	

MILITARY: Measures a member's ability to bring credit to the Coast Guard through personal demeanor and professional actions.

COMPETENCIES		2		4		6		
1. MILITARY BEARING The extent to which this member appeared neat, smart, and well-groomed in uniform; and set standards for subordinates.	<input type="radio"/>	Unable or unwilling to consistently appear neat, smart and well-groomed. Failed to maintain uniform or grooming standards. Performance of subordinates was marginal or unacceptable.	<input type="radio"/>	Squared away member. Demonstrated great care in maintaining and wearing uniform. Excellent grooming; hair groomed to standards; if worn, beard or moustache also neat and properly trimmed. Presented a physically trim appearance.	<input type="radio"/>	Superlative member. Clearly set high standards for uniform and grooming excellence. Inspired similar standards in others. Performance of subordinates was exceptional.	<input type="radio"/>	
2. CUSTOMS AND COURTESIES The extent to which this member conformed to military traditions, customs, and courtesies; and set standards for subordinates' performance and behavior.	<input type="radio"/>	Occasionally failed to conform to military customs and courtesies. Performance of subordinates was marginal or unacceptable.	<input type="radio"/>	Maintained military formality, precedence, courtesies, and respect to rank and privilege; required same of subordinates.	<input type="radio"/>	Exemplified the finest traditions of military customs, courtesies, and protocol in all situations. Inspired similar standards in others. Performance of subordinates was exceptional.	<input type="radio"/>	

PERFORMANCE: Measures a member's willingness to acquire knowledge and the ability to use knowledge, skill, and direction to accomplish work.

COMPETENCIES		2		4		6		MARK
1. PROFESSIONAL/SPECIALTY KNOWLEDGE The degree to which this member demonstrated technical competency and proficiency for rating or special assignment.	<input type="radio"/>	Marginal knowledge of rating or special assignment. Experienced difficulty in demonstrating proficiency. Failed to maintain qualifications. Did not demonstrate knowledge of policies and procedures. <input type="radio"/>	<input type="radio"/>	Competent member on technical issues. Had total understanding of routine concepts of rating or special assignment. Demonstrated in-depth knowledge of policies and procedures. <input type="radio"/>	<input type="radio"/>	Consistently demonstrated outstanding knowledge and skills. Answers and recommendations typically flawless. Made significant contributions to unit's performance. <input type="radio"/>	<input type="radio"/>	
2. PROFESSIONAL DEVELOPMENT The degree to which this member continued to professionally develop, acquire new skills, or improve current skills and knowledge.	<input type="radio"/>	Did not use opportunities to further develop or demonstrate rating or special assignment skills and knowledge. Lacked either motivation or aptitude in furthering knowledge. <input type="radio"/>	<input type="radio"/>	Used available opportunities to increase knowledge and further develop skills. Sought increased responsibility. Showed professional growth through education and training. <input type="radio"/>	<input type="radio"/>	Outstanding role model. Enthusiastically sought opportunities, on or off duty, for personal and professional development. Rapid professional growth. Significant achievements. <input type="radio"/>	<input type="radio"/>	
3. ADMINISTRATIVE ABILITY The degree to which this member completed written work, including correspondence and reports.	<input type="radio"/>	Did not perform administrative functions of job adequately. Correspondence, reports, and other paperwork sometimes incomplete or improperly formatted. Own work, or that of subordinates, often needed correction. <input type="radio"/>	<input type="radio"/>	Correspondence, reports, and other paperwork prepared in accordance with current Coast Guard directives. Good quality and properly formatted. Own work, and that of subordinates, rarely needed correction. <input type="radio"/>	<input type="radio"/>	Expertly managed administrative functions of job. Completely familiar with directives and instructions. Consistently provided paperwork in a timely, complete, and accurate fashion. Work consistently without error or in need of correction. Work from subordinates met same high standards in quality and quantity. <input type="radio"/>	<input type="radio"/>	
4. ORGANIZATION The degree to which this member identified what needed to be done, set priorities, and kept supervisor informed.	<input type="radio"/>	Sometimes needed help in prioritizing routine tasks. Usually unprepared. Did not follow policies or standard procedures. Occasionally late informing supervisor of changing situations or completion of tasks. <input type="radio"/>	<input type="radio"/>	Quickly recognized difference between routine and time critical tasks; organized work accordingly. Adept in use of standard procedures. Took positive action to determine job priorities. Provided factual and accurate reports to supervisor on all aspects of work. <input type="radio"/>	<input type="radio"/>	Anticipated and planned accordingly. Accurately set priorities for all assigned tasks and consistently completed work in order of importance. Consistently kept supervisor, informed of progress/ problems, results, and new work efforts. <input type="radio"/>	<input type="radio"/>	
5. USING RESOURCES The degree to which this member used personnel and material resources.	<input type="radio"/>	Occasionally wasted materials or unable to properly and effectively use tools, publications, and equipment. Sometimes wasted time. Did not delegate well. Often failed to follow-up. <input type="radio"/>	<input type="radio"/>	Successfully used available resources, personnel, and material. Delegated well. Made good use of available personnel and their skills. Materials, tools, equipment, and publications effectively used. Followed-up to ensure tasks properly completed. <input type="radio"/>	<input type="radio"/>	Expertly used all resources. Personnel and their skills maximized to capacity. Sought out better ways to accomplish tasks. Used sound management practices and achieved optimum efficiency and effectiveness. <input type="radio"/>	<input type="radio"/>	
6. MONITORING WORK The degree to which this member monitored status of work and met deadlines.	<input type="radio"/>	Occasionally late; sometimes needed prodding to finish tasks by deadlines. Missed deadlines without justification. Often lax in knowledge of status of assigned jobs. Did not monitor tasks. <input type="radio"/>	<input type="radio"/>	Assigned tasks completed on time. Carefully monitored progress of assignments. Recognized when change was necessary and directed same. <input type="radio"/>	<input type="radio"/>	Typically completed work ahead of schedule. Consistently aware of status of all tasks in progress. Consistently followed-up to ensure all details were completed. Quickly adapted work schedules to new conditions as necessary. <input type="radio"/>	<input type="radio"/>	
7. SAFETY AND OCCUPATIONAL HEALTH The degree to which this member identified, evaluated, and managed risks to personnel.	<input type="radio"/>	Failed to adequately identify and protect personnel from hazards. Did not follow standard procedures in risk identification and assessment of hazards. Safety not a high priority; sometimes allowed personnel to disregard safety procedures or to work without safety equipment. <input type="radio"/>	<input type="radio"/>	Pro-active in protecting personnel from hazardous conditions. Used appropriate support program resources to develop protective measures. Followed-up and ensured that identified hazards were removed. Ensured that safe operating procedures were followed for all aspects of work. Ensured that required safety equipment was available and used. <input type="radio"/>	<input type="radio"/>	Contributed a leadership role in enforcement of safety and occupational health regulations. Demonstrated a significant commitment towards the identification and removal of hazards to personnel. Consistently stressed safety. Required others to be alert to, and correct, unsafe conditions and risks to personnel. <input type="radio"/>	<input type="radio"/>	
8. STAMINA The degree to which this member thought and acted effectively under conditions that were stressful and mentally or physically fatiguing.	<input type="radio"/>	Physically/mentally tired under stress or during periods of extended work. Resisted putting in necessary overtime. Productivity or safety dropped in stressful situations. <input type="radio"/>	<input type="radio"/>	Handled stressful situations well. Worked extra hours as required to get the job done. Productivity and safety were adequate. <input type="radio"/>	<input type="radio"/>	Excelled in stressful situations. Willingly worked overtime when necessary to get the job done. No loss of productivity or safety during stressful situations or extended work hours. <input type="radio"/>	<input type="radio"/>	
9. COMMUNICATING The degree to which this member listened, spoke, and expressed thoughts clearly and logically.	<input type="radio"/>	Used inappropriate language or mannerisms. Failed to listen carefully. Expressed thoughts lacked clarity. Disorganized in verbal presentations. <input type="radio"/>	<input type="radio"/>	Used appropriate language without distracting mannerisms. Verbal presentations were well organized. Listened attentively. <input type="radio"/>	<input type="radio"/>	Consistently displayed an outstanding ability in verbal expressions. Spoke with clarity. Presentations were typically well organized and kept audience's attention. <input type="radio"/>	<input type="radio"/>	

PROFESSIONAL QUALITIES FACTOR: Measures those qualities which the Coast Guard values in its people.

COMPETENCIES		2		4		6		MARK
1. HEALTH AND WELL-BEING The degree to which this member exercised moderation in the use of alcohol. The degree to which this member maintained weight standards.	<input type="radio"/>	Failed to meet minimum standards of sobriety or weight control. <input type="radio"/>	<input type="radio"/>	Maintained weight standards. Used alcohol discriminately or not at all; job performance not affected. Held self and subordinates accountable in meeting minimum standards, on and off duty. <input type="radio"/>	<input type="radio"/>	Consistently demonstrated a significant commitment, beyond setting an example, on and off duty, to the well-being of self and subordinates. <input type="radio"/>	<input type="radio"/>	
2. INTEGRITY The degree to which this member demonstrated the qualities of honesty and fair mindedness in personal relationships and actions, on and off duty.	<input type="radio"/>	Untrustworthy; shaded the truth. Took advantage of situations for personal gain. <input type="radio"/>	<input type="radio"/>	Honest and truthful. Demonstrated strong moral character. Was fair-minded and trustworthy. <input type="radio"/>	<input type="radio"/>	Consistently adhered to highest standards of honesty, truthfulness, and integrity. Required same of others. Strong moral principles and convictions as demonstrated by personal actions. <input type="radio"/>	<input type="radio"/>	
3. LOYALTY The degree to which this member was committed to the Coast Guard, unit, supervisor, and shipmates.	<input type="radio"/>	Sometimes complained or otherwise outwardly showed lack of commitment to Coast Guard and its missions, unit, or well-being of others. <input type="radio"/>	<input type="radio"/>	Exhibited pride in being part of the Coast Guard. Supported decisions of command. Loyal to seniors, shipmates, and subordinates. Backed subordinates. Was committed in doing the best job possible. <input type="radio"/>	<input type="radio"/>	Personal actions consistently demonstrated a strong dedication to duty, Coast Guard, and unit. Extremely loyal and supportive of seniors, shipmates, and subordinates. <input type="radio"/>	<input type="radio"/>	
4. RESPECTING OTHERS The degree to which this member cooperated with other people or units to achieve common goals.	<input type="radio"/>	Showed disregard for feelings of others through inappropriate comments or actions. Did not promote a team effort. <input type="radio"/>	<input type="radio"/>	Treated others in a courteous, thoughtful, and respectful manner. Worked comfortably with others of all ranks and positions. <input type="radio"/>	<input type="radio"/>	Worked to achieve a high state of mutual respect with all. Actively encouraged sensitivity to and understanding of the attitudes, perceptions, and ideas of others. Outstanding cooperation with others. <input type="radio"/>	<input type="radio"/>	
5. HUMAN RELATIONS The degree to which this member fulfilled the letter and spirit of the Coast Guard's Human Relations/Sexual Harassment policy in personal relationships and actions.	<input type="radio"/>	Displayed discriminatory tendencies toward others based on their religion, age, sex, race, marital status, or ethnic background. Allowed bias to influence appraisals or the treatment of others. Was disrespectful or used position to harass. Did not hold self or subordinates accountable for their human relations/sexual harassment responsibilities. <input type="radio"/>	<input type="radio"/>	Held self and subordinates accountable for living up to the spirit of the Coast Guard's Human Relations/ Sexual Harassment statements. Treated others fairly and with dignity without regard to religion, age, sex, race, marital status, or ethnic background. No bias in work or appraisal actions. Personal actions contributed to unit morale. <input type="radio"/>	<input type="radio"/>	Demonstrated through leadership a strong personal commitment to fair and equal treatment of others in all situations, without regard to religion, age, sex, race, marital status, or ethnic background. Actively campaigned against prejudicial actions or behavior by others. Made noteworthy contributions to prevent and eliminate prejudicial actions in the work place. <input type="radio"/>	<input type="radio"/>	
6. ADAPTABILITY The degree to which this member adjusted and managed change.	<input type="radio"/>	Occasionally had difficulty in adjusting to changes in job, policies, procedures, and environment. Effectiveness impaired by changes to routine. <input type="radio"/>	<input type="radio"/>	Took change in stride. Adapted quickly to changes. Maintained effectiveness despite disruptions to work routine. <input type="radio"/>	<input type="radio"/>	Managed change and adjusted easily to major or last minute changes in job, policies, procedures, and environment. Very flexible. Maintained a high degree of effectiveness. <input type="radio"/>	<input type="radio"/>	

CONDUCT

COMPETENCY	
CONDUCT The degree to which this member, through personal behavior, conformed to the rules, regulations, and military standards, on and off duty.	<div style="display: flex; justify-content: space-between;"> <div> UNSATISFACTORY Failed to meet minimum standards as evidenced by NJP, CM, or civil conviction; or brought discredit to the Coast Guard as evidenced by adverse CG-3307 entries including financial irresponsibility, non-support of dependents, or alcohol incidents; or failed to conform to civilian and military rules, regulations, and standards. </div> <div><input type="radio"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div> SATISFACTORY No NJP, CM, or civil conviction; and promoted and supported respect for rules, regulations, and civilian and military standards as evidenced by no adverse CG-3307 entries. </div> <div><input type="radio"/></div> </div>
RECOMMENDATION FOR ADVANCEMENT (DO NOT COMPLETE FOR E-9s) NOT RECOMMENDED: Check this block if, in the view of the rating official, the individual is not capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. RECOMMENDED: Check this block if, in the view of the rating official, the individual is fully capable of satisfactorily performing the duties and responsibilities of the next higher paygrade. This block may be checked irrespective of the individual's qualification of eligibility for advancement.	
SUPERVISOR: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>
MARKING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	I CERTIFY THAT I HAVE EVALUATED THIS MEMBER AGAINST THE WRITTEN PERFORMANCE STANDARDS AND HAVE PROVIDED WRITTEN DOCUMENTATION FOR SUPPORT OF EACH MARK OF 1, 2, 7, OR UNSATISFACTORY CONDUCT AND TERMINATION OF GOOD CONDUCT ELIGIBILITY. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>
APPROVING OFFICIAL: <input type="radio"/> Not Recommended <input type="radio"/> Recommended	<input type="radio"/> Concur <input type="radio"/> Do not concur, changes made <input type="radio"/> Counseling/Documentation for 1, 2, and 7's required <input type="radio"/> Counseling required (specify areas) _____ <div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Rate/Rank</div> <div>_____ Date</div> </div>

MEMBER: I ACKNOWLEDGE HAVING BEEN COUNSELED ON AND HAVE REVIEWED MY ENLISTED PERFORMANCE FORM FOR THIS PERIOD. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE SIGNIFICANCE THAT THE ASSIGNED MARKS HAVE ON MY GOOD CONDUCT ELIGIBILITY. I UNDERSTAND THAT I HAVE 15 CALENDAR DAYS IN WHICH TO SUBMIT A MARKS APPEAL. I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND THE ACTION TAKEN ON MY ADVANCEMENT POTENTIAL.

Signature

Date

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FINANCIAL STATEMENT

Privacy Act Statement: This information is collected under 10 USC 2774, 14 USC 461, and EO 9397 and is used when considering remission of indebtedness. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.

Part I: INFORMATION COMPLETED BY MEMBER

Name (Last, First, M. I.)	Rank/Rate	EMPLID
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DEPENDENTS

NAME AND ADDRESS	AGE	RELATIONSHIP	% OF SUPPORT

APPLICANT'S MONTHLY INCOME AND EXPENSES

MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Basic Pay	\$	FITW	\$
Basic Allowance for Housing		SITW	
Basic Allowance for Subsistence		FICA Tax	
Aviation Career Incentive Pay		Rent/House Payment	
Career Sea Pay		Utilities	
Clothing Maintenance Allowance		Telephone	
Other (Specify)		Food	
		Clothing	
		Insurance	
		Car Expenses (Operating)	
Total	\$	School	
MONTHLY INSTALLMENT PAYMENT		Medical/Dental	
Item	Expires	Amount	Forfeitures of Pay
Car			Child Support/alimony
Furniture			Thrift Savings Plan (TSP)
Other (Specify)			Other (Specify)
Total	\$	Total	\$

RECAP OF TOTAL MONTHLY INCOME

Total Pay and Allowances	\$
Total monthly installment payments	\$
Total monthly expenses	\$
Total monthly obligations (Installment payments and expenses)	\$
Net income (Total income less total monthly obligations)	\$

Spouse's net income	\$	OTHER ASSESTS	
Other net income	\$	Approximate value of any real estate owned other than home	\$
Applicant's net income (from page 1)	\$	Average balance of your bank account	\$
Total family net monthly income	\$	Approximate value of stocks, bonds and other securities	\$
		TOTAL	\$
I make the foregoing statements as a part of my application with full knowledge of the penalties for willfully making a false statement. 18 USC 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.			
SIGNATURE OF APPLICANT	DATE	Date application received by Member's Commanding Officer	
Part II: INFORMATION COMPLETED BY COMMANDING OFFICER			
Does the member provide reasonable amounts for your locale? Explain any concerns you have with amounts reported.			
Do you believe hardship is an appropriate consideration in the member's application? Provide your opinion on the extent of hardship and recommend a monthly collection rate.			
Signature		Rank/Rate	Date
Name and Title			

Department of Transportation U. S. Coast Guard CG HRSIC-1900 (Rev. 5-02)		RETIRED PAY PROJECTION REQUEST (For online information go to http://www.uscg.mil/hq/hrsic/retirementEst.htm)	
EMPLID	SSN	Name (Last, First, MI)	Rank/Rate
Address		Work Phone	Home Phone
Date You Intend to Retire		Pay Base Date	Active Duty Base Date
Marital Status & Number of Exemptions for Federal Tax _____ (if none, we will use S-1)			
Total Reserve Retirement Points (Reserve Members Only): _____			
Survivor Benefit Plan (SBP) Coverage Desired			
I want SBP to cover the following person(s)		I want my survivor(s) to receive coverage at the following level (check one):	
<input type="checkbox"/>	My spouse only	<input type="checkbox"/>	Maximum Basic Coverage - 55% of my full retired pay until my spouse reaches age 62 then 35% of my full retired pay from age 62 on
<input type="checkbox"/>	My spouse & child(ren)	<input type="checkbox"/>	Maximum Supplemental Coverage - 55% of my full retired pay for life
<input type="checkbox"/>	My child(ren) only	<input type="checkbox"/>	Partial Supplemental Coverage - 55% of my full retired pay until my spouse reaches age 62 then (circle a percentage) 50%, 45%, 40% of my full retired pay from age 62 on
<input type="checkbox"/>	My former spouse	<input type="checkbox"/>	Minimum Coverage Allowable - I want to insure \$300.00 of my retired pay, to provide an annuity of \$165.00 per month until my spouse reaches age 62, then \$105.00 per month from age 62 on
<input type="checkbox"/>	My former spouse & my child(ren) of my former spouse	<input type="checkbox"/>	
<input type="checkbox"/>	Insurable interest) (other relative, friend, etc.)	<input type="checkbox"/>	Between the Maximum and Minimum - I want to insure \$_____ of my retired pay to provide an annuity of 55% of this amount to my survivors until my spouse reach age 62, then 35% of this amount from age 62 on
<input type="checkbox"/>	I desire no SBP coverage	<input type="checkbox"/>	
Your Date of Birth		Spouse's Date of Birth	Your Youngest Child's Date of Birth
PRIVACY ACT STATEMENT AUTHORITY 10 USC 1447-1460, 14 USC 423 PRINCIPAL PURPOSES: To obtain a projection of military retired pay entitlements DISCLOSURE Voluntary.			Member's Signature Date
FOR HRSIC USE ONLY All dollar amounts listed are estimates. All calculation are based on pay rates effective _____.			
Monthly Gross Retired Pay (Computed on Base Pay of \$ _____ X _____%)			
SBP Spouse cost (Computed on SBP Base of \$ _____) (Cost = 6.5% of Base amount) or (Cost = 2.5% of \$ _____ + 10% of \$ _____)			
SBP Child cost (Computed on SBP Base of \$ _____ X \$ _____%)			
SBP Insurable Interest cost (Cost = 10% X \$ _____ + _____% of \$ _____)			
SBP Supplemental cost (Post age 62 coverage) (Computed on SBP Base of \$ _____ X _____%)			
SBP Annuity until Spouse reaches age 62 (Computed on SBP Base of \$ _____ X 55%)			
SBP Annuity of Spouse after age 62 (Computed on SBP Base of \$ _____ X _____%)			
Monthly Federal Tax (FITW)			
Monthly Net (take home) Retired Pay			

Instructions:

Complete all spaces. The bottom section will be completed by HRSIC

Full Name	Self-explanatory		
Address	Enter current address mailing address HRSIC will use this address when returning the form		
SSN	Self-explanatory		
Rank/Rate	Self-explanatory		
Current Duty Station	Self-explanatory		
Work Phone	Self-explanatory		
Home Phone	Self-explanatory		
Date You Intend to Retire	Self-explanatory		
Pay Base Date	Enter date shown in block 3 on your LES		
Active Duty Base Date	Enter date shown in block 4 on your LES		
Marital Status	Self-explanatory		
Total Reserve Retirement Points	Enter total number of retirement points you have earned		
Survivor Benefit Plan (SBP) Coverage Desired	Check which person(s) you want covered and which coverage desired		
Date of Birth	Self-explanatory		
Spouse's Date of Birth	Enter spouse's date of birth. If you check the insurable interest block in the SBP coverage section, enter the date of birth of the insurable interest person		
Child's Date of Birth	Enter your youngest child's birth date Enter none if no children		
Signature	Self-explanatory		
Date	Self-explanatory		
HRSIC USE ONLY	HRSIC (RAS) will compute your estimated retired pay (based on current pay rates) and enter the member's projected retired pay in spaces provided. The form will be returned to you with estimated pay projection.		
Member's Signature	Date:	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2000 (Rev. 5-02)		<h2 style="margin: 0;">PCS Departing/Separation Worksheet</h2>																
EMPLID	Name (Last, First, MI)	Permanent Unit																
UNIT COMPLETE THIS SECTION																		
PURPOSE: Use this form to request PCS/Separation entitlements and provide information needed for completion of Official Travel Orders. If you have any questions, ASK YOUR YEOMAN.																		
New Duty Station (PCS only)	Authorized Proceed Time (PCS only)	Authorized Travel Time																
Date to report _____ or date to depart _____ (as specified by transfer order)																		
<i>Note: This block for PCS only.</i> Does member meet obligated Service as required in PERSMAN Art 4-B-6? _____ yes _____ no (If no, complete and attach a Career Intentions Worksheet, CG-HRSIC-2045) Does member meet all requirements for PCS as required in PERSMAN Art. 4-B-1? _____ yes _____ no Does member meet weight standards IAW COMDTINST 1020.8C? _____ yes _____ no																		
MEMBER COMPLETE THIS SECTION																		
Departure Date Requested: _____ No. of Days Leave Requested: _____ Current leave balance: _____		Leave Address/Phone No. _____																
DEPENDENTS TRAVELING																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Dependent Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 20%;">DOB/DOM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Dependent Name	Relationship	DOB/DOM													<div style="border: 2px solid black; padding: 5px;"> CAUTION: ONLY REQUEST DEPENDENT TRAVEL ADVANCES FOR CONFIRMED MEMBERS OF YOUR FAMILY WHO WILL ACTUALLY TRAVEL TO YOUR NEW PDS. OTHERWISE DELAY RECEIPT OF SUCH DEPENDENT TRAVEL ADVANCES AND DLA UNTIL TRAVEL IS CONFIRMED. </div>
Dependent Name	Relationship	DOB/DOM																
If dependents are traveling on a different date than you, enter date: _____																		
POC INFORMATION																		
If traveling via POC, complete below (authorized two POC's) (may be authorized 3 POC's if requirements of U5205, JFTR are met)																		
Year	Make/Model	Tag Number																
POV INFORMATION																		
If shipping a POV (only authorized one) list locations: From _____ To _____ (Overseas or INCONUS with COMDT approval only) Enter year, make/ model and tag number above.																		
REQUEST FOR ADVANCES (SEPARATIONS AUTHORIZED MALT ADVANCES ONLY)																		
<input type="checkbox"/> Advance Pay	_____ # months requested (max. of 3); or, _____ specific amount requested	Liquidation period (12 months is max., 24 with CO approval due to hardship caused by PCS, see reverse): # of months _____																
<input type="checkbox"/> *Advance TLE	<input type="checkbox"/> Member <input type="checkbox"/> Dependents _____ # of Depns	Locality: _____ # of days _____ Locality: _____ # of days _____																
<input type="checkbox"/> *Advance Dislocation Allowance (DLA) Note: Single members must obtain certification that gov't qtrs are not available																		
<input type="checkbox"/> *Advance MALT plus Per Diem for POC Travel		From	To															
<input type="checkbox"/> *Advance Dependent MALT plus Per Diem		From	To															
<input type="checkbox"/> Government Procured Transportation <input type="checkbox"/> Mbr <input type="checkbox"/> Depns		From	To															

*Note: When requesting advance travel or DLA, complete and attach an Application for Advance of Funds (form SF-1038)

Continued on reverse →

MISCELLANEOUS		
Do you currently live in government quarters? If yes, enter date you will terminate quarters _____	___ Yes	___ No
Do you hold a government Charge Card?	___ Yes	___ No
Household Goods	Contact your servicing Transportation Officer (T.O.P.S site) to arrange for shipment of household goods and/or discuss your options. ___ I request government shipment of household goods. ___ I request a self-procured move. ___ I request a dity move.	
Temporary Lodging Expense (TLE) (PCS only)	Authorized to members and their dependents when it is necessary for them to occupy temporary lodging. TLE is authorized for a total of 10 days for CONUS to CONUS and OUTCONUS to CONUS transfers. TLE is authorized for a total for 5 days for CONUS to OUTCONUS transfers. TLE may be used before departing the old PDS, during the elapsed time between PDSs (not including travel days for which per diem is payable), after arrival at the new PDS, or a combination equal to the authorized total. (See JFTR U5700 for more information.)	
Temporary Lodging Allowance (TLA) (PCS only)	Authorized to partially reimburse a member for the more than normal expenses incurred during occupancy of temporary lodgings and expenses of meals obtained as a direct result of using temporary lodgings outside the continental U. S., which do not have facilities for preparing, and consuming meals. The overseas commander will determine if it is necessary for the member and/or dependent(s) to occupy temporary lodgings when they arrive at an overseas PDS. TLA may also be authorized upon departure from and overseas PDS for a period not to exceed 10 days. (See JFTR U9200 for more information.)	
Advance Pay (PCS only)	A maximum of 3 months pay or specified amount not to exceed 3 months pay may be requested. Repayment of advance is by payroll deduction and will normally not exceed 12 months. Repayment of Advance Pay in excess of 12 months can only be authorized by your CO and only in the case of severe personal financial hardship caused by the PCS transfer. Attach your letter requesting repayment in excess of 12 months and your CO's endorsement to this worksheet.	
TRAVEL ADVANCES		
Refer to the Personnel and Pay Procedures Manual, HRSICINST M1000.2A. Compute entitlements by using the PCS (JFTR, Chap5) Entitlements Worksheet, CG HRSIC-2003 located in Enclosure (1).		
CGHRMS COMMAND USER ACCESS AUTHORIZATION/REVOCATION		
<input type="checkbox"/> Complete and fax HRSIC-7421/2 CGHRMS Command User Form to revoke CGHRMS access other than Self-Service.		
Privacy Act Statement		
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member's intentions during travel to next permanent duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive advances.		
Member Initials _____: I understand that all travel advances applied for herein will be compared to actual travel performed when I submit my final PCS Travel Claim. If advances exceed entitlement for MBR or DEPN travel actually performed (or not), I can expect recoupment of such travel advance, including DLA.		
Member's Signature	Date:	For PERSRU Use Only Command Checklist for Overseas Screening verified by PERSRU Supervisor (if applicable): Initials: _____ Date: _____ <i>Action Completed</i> Initials: _____ Date: _____
Supervisor's Signature	Date:	
Department Head's Signature	Date:	
Command Approval	Date:	

Department of Transportation U. S. Coast Guard CG HRSIC-2001 (5-02)		DEPARTING TDY OR PCS/TEM DUINS TO “A” SCHOOL WORKSHEET	
EMPLID	SSN	Name (Last, First, MI)	Permanent Unit
Date Departing		“A” School Departing To	“A” School OPFAC
PURPOSE: Use this form for member’s ordered to class “A” school in addition to the form CG HRSIC-2000			
MEMBER’S UNIT (Part 1)			
Step	Verify	Completed	
1	Does member have a disqualifying condition (NJP, Court-Martial or Civil conviction, indebtedness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Has member failed or refused a urinalysis drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Has member received a Conduct mark of “Unsatisfactory”, or a characteristic average less than 3 in any dimension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Is member physically qualified for transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Does member meet Coast Guard weight standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Does member meet obligated service requirements (if no, complete and attach a Career Intentions Worksheet (CG HRSIC-2045)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Is a performance evaluation needed and been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Has the member been counseled on and received appropriate travel funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Has member been counseled on entitlements for shipment of household goods as set forth in JFTR Chapters 4 & 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEMBER’S PERSRU (Part 2) Complete the following SDA II/CGHRMS transactions as applicable			
10	Change BAH (P606) if member terminates government quarters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
11	Mailing Address Change (CGHRMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
12	Allotment Address Change (CGHRMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
13	Payment Option Change (CGHRMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14	Obligated Service (Expiration of Enlistment/End of Service Event)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
15	Depart/Report ADT (R990) for Reserve members on active duty less than 140 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
16	PCS Departing Event (L68B) for Reserve members on active duty 140 days or more	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
17	Administrative Change of PERSRU (D100/VDE 47) For TDY orders over 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
18	TDY Event (P620) upon departure for TDY over 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
19	Family Separation Allowance (L6BB) FSA-T after departure for TDY over 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
20	Leave Authorization (L63B) for TDY over 60 days to record leave enroute to “A” School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
21	Stop Pay and Allowances (P625) to stop sea or hardship duty pay -location on 31 st day of TDY	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
22	Advancement/Adding Designator (P555)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
23	TDY Event (P620) upon return from TDY	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
24	Family Separation Allowance (L6BB) (stop FSA-T upon return from TDY, if applicable.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
25	PCS Departing Event (L68B) for transfer to member’s new unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
26	Review and Mail PDR for member’s TDY over 60 days only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
PRIVACY ACT STATEMENT In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard. Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member’s intentions during travel to next duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary; however, without disclosure the member may not receive advances or correct pay entitlements.			
Command/Unit Approval (Part 1 verified and complete)			Date
PERSRU Auditor Signature (Part 2 Review and Approval of transactions verified and complete)			Date

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Department of Transportation U. S. Coast Guard CG HRSIC-2010 (Rev. 5-02)		<h2 style="text-align: center;">Advances Worksheet</h2>	
EMPLID	Name (Last, First, MI)		Permanent Unit
PURPOSE: Use this form to request advances in pay, BAH/OHA, DLA, and TLE.			
PCS Departure Date (if applicable)	Number of months requested _____ Or Specific amount \$ _____	Liquidation period requested. (# of months) See notes.	
I request:			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Advance pay <input type="checkbox"/> Advance BAH <input type="checkbox"/> Advance OHA </div> <div> <input type="checkbox"/> Advance DLA <input type="checkbox"/> Advance TLE </div> </div>			
Advance Pay		Advance Pay is payable within 30 days of departure on PCS orders, and within 60 days after arrival at a new unit. In extenuating circumstances, the member's CO may authorize Advance Pay to be paid up to 90 days before departing PCS, and up to 180 days after reporting PCS. You may request an amount not to exceed 3 months basic pay less: taxes; SGLI; debts; forfeitures; Montgomery GI Bill deductions; Dependent Dental Plan deductions; garnishment, mandatory support allotment, and bankruptcy deductions; and TSP (basic pay) deductions. Repayment of advance pay is by payroll deduction. Advance pay can be liquidated over a minimum period of one month, up to a maximum of 12 months. A member can request liquidation over a period greater than 12 months, not to exceed 24 months, when the PCS move causes unusually large expenses and repayment within 12 months would create a severe personal financial hardship. Only your CO can approve requests for liquidation greater than 12 months. Attach your request and CO's endorsement to this worksheet.	
Advance BAH/OHA		Advance BAH and OHA may be made at any time during a member's tour of duty. The amount of Advance BAH/OHA depends on the member's documented housing expenses. The maximum amount of Advance BAH is 3 months BAH, and the maximum amount of Advance OHA is one year's OHA. OHA may be liquidated over a maximum of 12 months. Liquidation begins the first day of the month following the advance, but may be postponed for up to three months upon justification and approval of the commanding officer. Action to recoup in a lump sum any advance made under this paragraph that has been returned to the member by the landlord will be taken immediately upon receipt of information that the member has vacated the housing for which the advance was made. Any balance of an advance not returned by the landlord may be liquidated in monthly installments, if desired by the member, for a period over the balance of the months remaining on the existing loan repayment schedule.	
Advance DLA		DLA is payable to members in receipt of PCS orders at a rate equal to two and one half (2 ½) months BAH Type II. DLA is payable to all members with dependents provided their dependents relocate. Members without dependents must be release from mandatory government quarters assignment before receiving DLA.	
Advance TLE		Advance Temporary Lodging Allowance (TLE) is authorized when the member and/or dependent(s) occupy temporary lodging in conjunction with a PCS transfer. TLE is reimbursable allowance based on locality per diem rate, the number of travelers occupying temporary lodging, with deductions for normal housing and subsistence allowances. The maximum TLE payment cannot exceed \$110/day for 10 days for CONUS to CONUS and OCONUS to CONUS transfers, 5 days for CONUS to OCONUS transfers. TLE advances are for up to 80% of total entitlement. See JFTR U5720 for complete formula and examples.	
PRIVACY ACT STATEMENT			
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate desired or additional advance(s). Routine uses - same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive requested advance(s).			
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	Action Completed Date: _____
			Initials: _____

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Department of Transportation
U. S. Coast Guard
CG HRSIC-2015 (Rev. 2-02)

Pay Delivery Worksheet

EMPLID

Name (Last, First, MI)

Permanent Unit

Purpose: Use this form to indicate where you want your net pay to be delivered. Active Duty, retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/ Electronic Fund Transfer (DD/EFT). If a member is on direct deposit and a pay delivery problem occurs, HRSIC can normally correct the problem and make payment within 48 hours.

☐ Direct Deposit

Type of Account

☐ Checking

☐ Savings

Submit one of the following:

- FMS Form 2231 (FASTSTART)
- SF 1199A
- account deposit slip
- voided check
- or enter direct deposit account information below (see reverse for instructions)

Routing Transit
Number

--	--	--	--	--	--	--	--	--	--

Check Digit

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Title

(Account Holder's Name)

Financial Institution Name

Street/Rural Route/P.O. Box

City, State, Zip Code

☐ Accrue my net pay at HRSIC
(submit a new worksheet when this option is no longer desired)

DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

Name of Depositor-3	101
Street Address	
City, State	_____20__
Pay To The Order Of:	
_____	\$ _____
_____	Dollars
Name of Your Bank-4	
Payable Through Another Bank-5	
For _____	
! :021001082:!	123 456 789!!'
0101	

Routing Number-1**Account Number-2****Check Number**

1. **ROUTING TRANSIT NUMBER** – This is a 9-digit number. Here you would put “021001082”
2. **ACCOUNT NUMBER** - Here you would put “123456789” **Note: A maximum of 14 characters used for number. DO NOT add a dash symbols or blank spaces.**
3. **ACCOUNT TITLE** - (must include member’s name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority - 10 USC Section 2771.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member’s pay may be distributed incorrectly.

Member’s Signature	Date:	For PERSRU Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Department of Transportation U. S. Coast Guard CG HRSIC-2020 (Rev. 05-02)		<h2 style="text-align: center;">Dependency Worksheet</h2>	
EMPLID	Name (Last, First, MI)		Permanent Unit
PURPOSE: Use this form to add/delete BAH eligible dependent(s) listed on your CG-4170A.			
EMERGENCY DATA: Report changes in beneficiaries and other emergency data information by updating/completing a CG-4170A.			
DEERS: When reporting dependency changes you must also complete a DD-Form-1172 at your servicing ID card issuing facility to update the DEERS database. When adding dependents, failure to update DEERS will result in denial of medical/dental benefits. When deleting dependents, failure to update DEERS could result in continued deductions of premiums for the Family Member Dental Plan (FMDP) or medical/dental benefits being provided to a person who is no longer eligible.			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Add dependent, (see documentation requirements on reverse side) </div> <div> <input type="checkbox"/> Delete dependent Reason: (Attach documentation as applicable) </div> </div>			
Name (Last, First, MI):		SSN:	
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
If spouse is in the service provide: SSN (above) Branch:		Duty Station:	
If the dependent child does not reside with you provide: Amount of support \$		Date of divorce/separation:	
Name of Custodian		Method of support	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Add dependent, (see documentation requirements on reverse side) </div> <div> <input type="checkbox"/> Delete dependent Reason: (Attach documentation as applicable) </div> </div>			
Name (Last, First, MI):		SSN:	
Address (Street, City, State, Zip):			
AC & Home Phone:		AC & Work Phone:	Relationship:
Date of Birth:	Dependency Date:	Date of Marriage:	Notify in case of emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO
If spouse is in the service provide: SSN (above) Branch:		Duty Station:	
If the dependent child does not reside with you provide: Amount of support \$		Date of divorce/separation:	
Name of Custodian		Method of support	
PRIVACY ACT STATEMENT			
<small> In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 37 USC Section 403. Principal Purpose(s) - Used to indicate start or change in dependency. Routine uses - same. Disclosure - Disclosure of this information is voluntary, but without disclosure inaccuracies may occur with member's current dependent status, which in turn may effect the member's pay. </small>			
Member's Signature		Date:	For PERSRU Use Only
Command Approval		Date:	Action Completed Date: _____ Initials: _____

Supporting documentation requirements are listed on the reverse side of this worksheet. →

DEPENDENCY DOCUMENTATION REQUIREMENTS		
RULES:	<ul style="list-style-type: none"> ◆ The member must furnish documentary proof of dependency. ◆ Unless otherwise specified, legible photostatic copies or properly notarized legible copies of original documents are acceptable. ◆ Costs associated with obtaining, certifying or translating documents are the responsibility of the member. Documents will be returned to the member. ◆ To delete a dependent, submit divorce or annulment decree, death certificate, etc... ◆ To add a dependent submit the appropriate documentation as indicated below. 	
Relationship	And	Documentation to be submitted
SPOUSE	U. S. MARRIAGE	Marriage certificate
	*FOREIGN MARRIAGE	Translated marriage certificate and CG-4170A
	*COMMON LAW	Affidavit and CG-4170A
	PREVIOUSLY MARRIED	Final divorce/annulment decree
LEGITIMATE CHILD		Birth certificate
ADOPTED CHILD		*Amended birth certificate and adoption decree (final or interlocutory)
CHILD PLACED FOR ADOPTION		*Birth certificate, court order, and documents from placement agency
STEPCHILD		Birth certificate, marriage certificate and spouse's divorce decree
ILLEGITIMATE CHILD	MEMBER-MOTHER HAS CUSTODY	Birth certificate
	MEMBER FATHER HAS CUSTODY	Birth certificate, proof of parentage, and CG-4170A
	*MEMBER-MOTHER DOES NOT HAVE CUSTODY	Birth certificate, support statement (CG HRSIC-2020A), and CG-4170A
	*MEMBER-FATHER DOES NOT HAVE CUSTODY	Birth certificate, proof of parentage, support statement (CG HRSIC-2020A), and CG-4170A
WARD	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG HRSIC-2020A), birth certificate, court order, and CG-4170A.
Legitimate, Illegitimate, adopted, stepchild or ward	*INCAPACITATED	Doctor's statement, birth certificate, support statement (CG HRSIC-2020A), court order or adoption decree, and CG-4170A
	FULL TIME STUDENT UNDER AGE 23	Birth certificate, support statement (CG HRSIC-2020A) support statement for full-time student (CG HRSIC-2020B), proof of full-time student status, court order or adoption decree (if necessary)
PARENT, PARENT-IN-LAW, PARENT IN LOCO PARENTIS, STEPPARENT, PARENT BY ADOPTION	*DEPENDENT ON THE MEMBER FOR OVER ½ OF SUPPORT	Support statement (CG HRSIC-2020A), statement showing member's financial contributions for the past six months, and CG-4170A

Note: For all children, proof of support is also required if the child is not in the custody of the member.

(*): These claims must be reviewed and approved by CO, HRSIC (LGL). Send this form along with other supporting documentation to your PERSRU first. They will update your CG-4170A form and forward it to HRSIC for approval.

Do not send this form directly to HRSIC.

Department of Transportation U. S. Coast Guard CG HRSIC-2020A (Rev. 02-02)		SUPPORT STATEMENT	
PRIVACY ACT STATEMENT: This information is collected under 37 USC Section 403, 14 USC Section 461, and EO 9397 and is used when considering application for BAH and/or ID cards. Failure to provide your social security number will not affect your application; however, failure to provide the other information may prevent favorable consideration of your application.			
PURPOSE: Use this form to provide proof that a claimed dependent is in fact dependent on the sponsor for more than one-half of their support.			
Part I: INFORMATION COMPLETED BY SPONSOR			
Name (Last, First, MI)		RANK/RATE	EMPLID
Number of people in sponsor's household (excluding the claimed dependent for whom this statement is being submitted.) _____			
Part II: SPONSOR'S MONTHLY EXPENSES AND INCOME		Part III: CLAIMED DEPENDENT'S MONTHLY EXPENSES AND INCOME	
MONTHLY EXPENSES		MONTHLY EXPENSES	
1. Medical/Dental	\$	17. Medical/Dental	\$
2. Transportation		18. Transportation	
3. Taxes		19. Taxes	
4. Rent/House Payment		20. Rent/House Payment	
5. Utilities/Telephone		21. Utilities/Telephone	
6. Food		22. Food	
7. Clothing		23. Clothing	
8. Insurance		24. Insurance	
9. Thrift Savings Plan		25. Other (Specify)	
10. Other (Specify)		26. Other (Specify) <small>Do not list loans, credit cards or other personal debts</small>	
11. Total Monthly Expenses		27. Total Monthly Expenses	
12. Total monthly Pay & Allowances		28. Social security income	
13. Spouse's monthly income		29. Interest on savings	
14. Other income		30. Other income	
15. Total family monthly income		31. Total monthly income	
16. Amount of monthly contribution to support claimed dependent for whom this statement is being submitted.		Enter the date that the sponsor began making contributions to support the claimed dependent:	

Go to the reverse side of this form to complete support test. →

Part IV: SUPPORT TEST			
32. Divide the amount in item 27 by 2, enter result (½ of expenses)			\$
33. Enter the claimed dependent's income from item 31			\$
34. Enter sponsor's monthly contribution to support from item 16			\$
Use the amounts in items 32-34 to answer these questions			YES NO
34. Is the amount in item 32 greater than the amount in item 33?			<input type="checkbox"/> <input type="checkbox"/>
35. Is the amount in item 34 greater than the amount in item 33?			<input type="checkbox"/> <input type="checkbox"/>
If answers to -	are	then	
both 33 & 34	yes	complete part V and forward application to PERSRU for consideration	
either or both 33 & 34	no	claimed dependent does not receive over ½ of support from sponsor	
Part V: CERTIFICATION SECTION Note: Have all signatures notarized if this statement is for a dependent ID card.			
I (we) certify that this support statement is true and accurate. I (we) make the foregoing statements as a part of my (our) application with full knowledge of the penalties for willfully making a false statement. 18 USC Section 1001 provides a penalty as follows: A maximum fine of \$10,000 or a maximum imprisonment of 5 years or both.			
SIGNATURE OF PARENT(s) OR PARENT(s)-IN-LAW (leave blank if this statement is for a child)			
_____		Date	_____ Date
SIGNATURE OF SPONSOR			
_____		Date	_____
Part VI: WHAT TO ATTACH AND WHERE TO SEND			
If this statement is being used to support a claim for a dependent	and is for a	attach Note: documentation requirements for adopted, illegitimate, or stepchildren are listed on CG HRSIC 2020	then send to
Child age 21-23 full-time student	ID Card	DD form-1172, Birth certificate, CG HRSIC-2020B, and proof of full-time student status.	Local ID issuing auth.
Incapacitated Child over 21	ID Card	DD form-1172 Birth certificate, doctor's statement, certified copy of sponsor's latest federal income tax return, claiming child as dependent, and statement from SSA denying Medicare Part "A".	HRSIC (RAS)
Parent, Parent-in-law	ID Card	DD form-1172 & certified copy of sponsor's latest federal income tax return showing parent claimed s a dependent.	HRSIC (RAS)
Child age 21-23 full-time student	BAH claim	Birth certificate, CG HRSIC-2020B, and proof of full time student status.	PERSRU
*Incapacitated Child over 21	BAH claim	Birth certificate, and doctor's statement.	PERSRU
*Ward	BAH claim	Birth certificate and a notarized affidavit by member that ward resides with member or does not reside with member because of institutionalized care for a disability/incapacity or does not reside with member because a separation necessitated by the member military orders.	PERSRU
*Parent, Parent-in-law	BAH claim	A statement of parent(s) or parent(s)-in-law postal address.	PERSRU

(*): These claims must be reviewed and approved by CO, HRSIC (LGL). Send this form along with other supporting documentation to your PERSRU first. They will update your CG -4170A form and forward it to HRSIC for approval. Do not send this form directly to HRSIC (LGL)

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Department of Transportation U. S. Coast Guard CG HRSIC-2045 (Rev. 4/02)		<h2 style="margin: 0;">Career Intentions Worksheet</h2>	
EMPLID	Name (Last, First, MI)	Permanent Unit	
<p>PURPOSE: Use this form is to convey career intentions to the PERSRU. If you wish to remain with the service, complete Extension/Reenlistment and Leave sections. If your intentions are to separate from the service, complete Separation and Leave sections. Complete a Preseparation Counseling Checklist (DD-2648), also.</p>			
<p>Answer these questions. If you answer no to either question, contact your career counselor.</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your unit conducted a 6-month predischarge interview and completed a Preseparation Counseling Checklist (DD-2648)? (Required if separating)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you been advised on the subject of SRB eligibility?			
EXTENSION/REENLISTMENT SECTION <p>Note: Members with at least 10 years active service will be reenlisted indefinitely.</p>			
I plan to.... <input type="checkbox"/> extend <input type="checkbox"/> reenlist		For # of yrs (Note: if reenlisting, the minimum is 3 years) <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> 6yrs <input type="checkbox"/> Other: _____	
		Effective date of Extension/Reenlistment	
Person administering the oath for extension agreement/reenlistment: Name: _____ Rank: _____ Title: _____			
CO's recommendation signature: _____			
REASON FOR EXTENSION/REEXTENSION OF ENLISTMENT: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> REQUEST OF INDIVIDUAL <input type="checkbox"/> SCHOOL TRAINING REQUIREMENT <input type="checkbox"/> OBLIGATED SERVICE FOR TRANSFER (INCONUS/OUTCONUS) <input type="checkbox"/> PARTICIPATION IN TUITION ASSISTANCE PROGRAM <input type="checkbox"/> OBLIGATED SERVICE FOR RETIREMENT </div> <div style="width: 50%;"> <input type="checkbox"/> AUTHORIZED BY COMMANDER CGPC <input type="checkbox"/> OBLIGATED SERVICE FOR ADVANCEMENT <input type="checkbox"/> OBLIGATED SERVICE FOR SRB BONUS <input type="checkbox"/> COMPLETION OF CRUISE ABORD VESSEL <input type="checkbox"/> OTHER (SPECIFY): _____ </div> </div>			
SEPARATION SECTION			
<input type="checkbox"/> I am being discharged involuntarily			
<input type="checkbox"/> I want to be discharged (military obligation completed)			
<input type="checkbox"/> I want to be discharged (military obligation completed) and enlist into the Coast Guard Reserve for ____ Years.			
<input type="checkbox"/> I want to be released from active duty (military obligation not completed).			
<input type="checkbox"/> Retire as directed by COMDT letter dated _____ I will perform travel to: _____ My home of selection is: _____ You have up to one (1) year to make/choose your home of selection. <p style="text-align: center;">Have you received your Retirement Package? If not, contact your unit admin office.</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had a physical examination dated one year or less from your upcoming separation date? Note: If you answered "No", you must complete a physical during the year prior to your separation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you want health care coverage under the Continued Health Care Benefit Program (CHCBP)? Contact the CHCBP Administrator at 1-800-444-5445 Option #4 or see http://www.humana-military.com/ for information on the program.	
DISCHARGE OR RELAD ONLY			
I will perform travel to my (check one): <input type="checkbox"/> Home of Record <input type="checkbox"/> Place of Enlistment/Acceptance <input type="checkbox"/> Will not be moving			
Mode of travel will be (check one): <input type="checkbox"/> POC <input type="checkbox"/> Gov't Ticket		I request advance travel SF Form 1038 is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you occupy government quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter date you will terminate quarters: _____			

Continued on reverse ®

LEAVE SECTION

If your leave plans change after completing this worksheet, immediately notify your PERSRU.

I plan to:

- ☐ sell _____ days of leave (**Note:** You are only authorized to sell a TOTAL of 60 days leave during your career.)
- ☐ take terminal leave starting _____
- ☐ take leave prior to my separation for periods listed below

Enter inclusive leave dates (continue on separate page if necessary):

From _____ To _____

From _____ To _____

From _____ To _____

- ☐ more leave dates on separate page

Enter your final mailing address: (This is where your W-2 will be mailed next year.)

Address _____ County _____

City _____ State _____ Country _____ Zip Code _____

☐ **Yes** ☐ **No** Request copy 6 of my DD-214 is sent to State of ____ Director of Veterans' Affairs.

Enter name and address of a relative to be contacted if you cannot be reached at the final mailing address:

Name _____

Address _____

City _____ State _____ Country _____ Zip Code _____

FOR RETIREMENT ONLY:

- ☐ I have been authorized by CGPC EPM/OPM to utilize retirement processing station permissive orders IAW CGPERSMAN Art 12.C.1.d.
- ☐ I have been approved by my command to utilize 20 days permissive temporary duty IAW CGPERSMAN Art 12.C.1.e.

Use in the following order: 20 days permissive temporary duty, terminal leave, and processing point permissive orders.

Contact your admin office for assistance in determining your departure date when using any combination of the above.

Permissive Temp Duty*: From: _____ To: _____

Terminal leave dates: From: _____ To: _____

Processing Point*: From: _____ To: _____

*Note: Do not input these dates on the retirement transaction or leave transaction in SDA II.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:
 Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate a member's career intentions. Routine uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member's career intentions may not be known which may cause document processing and pay problems.

Member's Signature

Date:

For PERSRU Use Only

Command Approval

Date:

Action Completed
Date: _____

Initials: _____

RESERVE RETIREMENT TRANSFER REQUEST

Section I - Completed by Member: Complete *Blocks 1-15* & submit this form at least **90 days** prior to desired transfer date.
Please Print or Type

1. Name (last, first, MI):	2. SSN:	3. Rank/Rate:
4. Permanent Duty Station & OPFAC:	5. Current Home Address (Street, Apt #, City, State, Zip): Address Change Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. I Request Transfer To: <input type="checkbox"/> RET-2 (Retired Awaiting Pay at Age 60) Transfer is effective on the 1 st day of month requested. <input type="checkbox"/> RET-1 (Retired with Pay) Transfer is effective on your 60 th birthday Effective Date of Transfer: Note: No Drills or ADT will be authorized or approved after the above Effective Date of Transfer.	7. I plan to drill/have drilled on the following dates and status:	
	Dates	ADT-AT/ADSW-AC/etc
8. Expiration of Enlistment date if known: Current Date	9. Highest Paid Paygrade Held: Paygrade	
10. Home Telephone Number: Work Telephone Number:	If you HAVE NOT received your "20" year Satisfactory Service Letter, ensure you meet the requirements for retirement prescribed in Chapter 8-C-1 of the Reserve Policy Manual COMDINST M1001.28	
11. <input type="checkbox"/> Yes, I Do wish to have a retirement ceremony (see Instructions for Block 11 on reverse) <input type="checkbox"/> No, I Do Not want a retirement ceremony	12. I Do <input type="checkbox"/> Do Not <input type="checkbox"/> have a spouse. My spouses name on her/his certificate of appreciation should read:	
13. Member's Signature:	14. Date:	

Section II - Approval

15. COMMAND APPROVAL: O Approved for transfer to RET-2 _____ RET-1 _____ O Disapproved for transfer to RET-2 _____ RET-1 _____ Reason: _____ _____ _____ Supervisor Signature (Include Name, Rank, Title) Date	
Unit POC Email Address for acknowledgement receipt of this form. HRSIC (RAS) will send acknowledgement receipt only if you supply an email address.	
16. ISC (pf) _____ APPROVAL: O Approved for transfer to RET-2 _____ RET-1 _____ O Disapproved for transfer to RET-2 _____ RET-1 _____ Reason: _____ _____ _____ Signature (Include Name, Rank, Title) Date	

Instructions on Reverse

Instructions	
Item	Explanation
1.	Enter your Full Name: Last, first and middle Initial
2.	Enter your Social Security Number
3.	Enter your rank or rate, i.e. LCDR, YN2, PSC, etc.
4.	Enter your Permanent Duty Station (include staff symbol), (i.e. STA Rockland, MSO Houston, MLCPAC (lc) & OPFAC)
5.	Enter current Home Address: Street, Apt#, P.O. Box, City, State, Zip. Check box if you desire to have your LES address changed to address indicated in Block 5.
6.	Indicate what type of retirement transfer you are requesting and its effective date.
7.	Enter planned dates of drills or ADT you will complete prior to your effective retirement transfer date.
8.	Enter your current Expiration of Enlistment Date. If your EOE expires prior to date of requested transfer see your unit Admin Staff to extend EOE.
9.	Enter the highest paid paygrade held. (i.e., If your Rank is W2 and you were promoted from E8, enter E8 in this block.)
10.	Enter home and work phone numbers.
11.	Enter your desire for a retirement ceremony. If yes, contact your unit Admin Staff to coordinate date, location, and details for your retirement ceremony.
12.	Enter spouse information for spouse certificate of appreciation.
13.	Sign the form.
14.	Date the form.
15.	Command Approval/disapproval.
16.	ISC Approval/disapproval. Distribution: HRSIC/RAS - Original form CGPC (RPM) - Copy of all Officer's requests ISC (PF) - Copy Member's Unit - Copy

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(3)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard:

Authority - 10 USC Section 1771.

Principal Purposes(s) - Used to indicate a member's retirement plans.

Routine uses - Same.

Disclosure - Disclosure of this information is voluntary, although without disclosure the member's career intentions may not be known which may cause document and pay processing problems.

Family Subsistence Supplemental Allowance (FSSA) Application

Privacy Act Statement

AUTHORITY: 5 USC 5702, 37 USC 404-427, and EO 9397. **PRINCIPAL PURPOSE(S):** Used Reviewing, approving, accounting, and disbursing for FSSA. SSN is used to maintain a numerical identification system for individual claims. **ROUTINE USE(S):** To substantiate claims for reimbursement of FSSA. **DISCLOSURE:** Voluntary. However, failure to furnish information requested may result in total or partial denial of FSSA.

SECTION 1 Personal Information

Name:	Rank:	EMPLID:
Command Zip Code:	Work Phone:	Home Phone:
Home Address:		
Number in Household: (including member)	Monthly Food Stamp Entitlement (if any): \$	

SECTION 2 Financial Statement (Income is based on the member & household gross monthly income. All income should be reported as a gross monthly income. If the income is received other than monthly please average so that it is reported as a monthly amount)

9. MILITARY INCOME

A.	Basic Pay	(from block 25 of your LES)	_____
B.	BAS	(enter the REG BAS or ENL BAS amount from block 25 of your LES)	_____
C.	BAH	(if not assigned to gov't quarters, enter the BAH amount from block 25 of your LES; if assigned gov't quarters, enter BAH amount you <u>would</u> receive if living on the economy)	_____
D.	OHA	(amount of OHA shown in block 25 of your LES; if not receiving OHA because you are in gov't quarters, enter the monthly OHA rental ceiling amount + the monthly utility/recurring maintenance allowance amount)	_____
E.	Special Pay &/or Allowances	(all other income in block 25 of your LES, except Clothing Allowances, Family Separation Housing Allowance, Overseas Cost of Living Allowance, and INCONUS Cost of Living Allowance)	_____
F.	Military Bonus	(Total Bonus Amount divided by number of months of enlistment/reenlistment/extension the bonus was paid for)	_____
G.			TOTAL MIL PAY: _____

10. OTHER INCOME

(includes income received by any person residing in the household and income of the military member from a second job)

LAST NAME	FIRST NAME	MI	SSN or TIN	AGE	EMPLOYER	MONTHLY INCOME*
Sub Total of Other Income						

*Note: Gross Income before taxes and other deductions. If paid weekly, multiply weekly amount by 4.3; if paid bi-weekly, multiply by 2.15; if paid semi-monthly multiply by 2.

Continued on Reverse →

11. OTHER INCOME (continued)

A.	TOTAL MIL PAY (Block 9.G.)	\$
B.	SUB TOTAL (Block 10)	\$
C.	SSI (Supplemental Security Income)	\$
D.	DIS (Disability Insurance)	\$
E.	TANF (Temporary Assistance for Needy Families)	\$
F.	Pension	\$
G.	Worker's Compensation	\$
H.	Social Security	\$
I.	UI UCX (Unemployment Compensation)	\$
J.	Veteran's Pay	\$
K..	Alimony	\$
L.	Child Support	\$
M.	Interest/Dividends	\$
N.	Rental Property	\$
O.	Other (explain): _____	\$
12.	TOTAL GROSS INCOME (Add Blocks 11.A through 11.O.)	\$

SECTION 3 FSSA Calculation**13. HOUSEHOLD SIZE** (From Section 1)
14. USDA Gross Monthly Income Eligibility Limits
 1 October 2001 - 30 September 2002

Choose an amount, based on household size and location, from the table below and enter it here

The member is counted as part of the household. Members of the household include the member's spouse, any children of the member living in the household who are 21 years of age or younger, and other children (excluding foster children) under 18 years of age who live with and are under the parental control of the member. For members with joint custody of a child, that child may be counted during any month the child spends 50 percent or more of the time with the member. The tables for Alaska and Hawaii are used for households being claimed for FSSA located in those states. All other locations use the 48 States Table.

The tables are updated at the beginning of the fiscal year. This form will be updated at that time.

Household Size	48 States	Alaska	Hawaii
1	\$931.00	\$1,163.00	\$1,072.00
2	\$1,258.00	\$1,572.00	\$1,448.00
3	\$1,585.00	\$1,982.00	\$1,824.00
4	\$1,913.00	\$2,391.00	\$2,200.00
5	\$2,240.00	\$2,801.00	\$2,576.00
6	\$2,567.00	\$3,210.00	\$2,951.00
7	\$2,894.00	\$3,620.00	\$3,327.00
8	\$3,221.00	\$4,029.00	\$3,703.00
Each Add. Mbr	\$328.00	\$410.00	\$376.00

15. Gross Income

(Block 12)

If Block 12 exceeds Block 14, you don't qualify for FSSA.

(Block 14 minus Block 15 -- round up to nearest whole dollar)

16. Initial FSSA Calculation

A negative number, displayed in parentheses (), means your total gross income exceeds the USDA income limit. You are NOT entitled to FSSA.

17. Monthly Food Stamp Allotment

(if applicable -- from Section 1)

18. FINAL FSSA ENTITLEMENT (If block 16 exceeds Block 17, enter either the amount from 16 or \$500, whichever is less. If Block 17 exceeds Block 16, and Block 16 is more than \$0, enter the amount from Block 17 or \$500 whichever is less. If Block 16 is not more than \$0, you are not entitled to FSSA):

\$

If entitled to FSSA, complete Section 4, Member' Certification (on the next page) and forward all three pages to HRSIC (MAS)

SECTION 4: Member's Certification

Responsibilities of the Member

Once certified, and during the participation in the program, any subsequent significant changes in household income (of \$100 or more per month) or number of people living in the household, must be reported to the certifying official for re-certification. Failure to do so could result in disciplinary action.

I certify that the above information provided is true and accurate to the best of my knowledge.

Date

Signature, rank of Applicant

SECTION 5: Distribution Instructions

Submission of the FSSA application can be done by:

- E-mail to hrric-mas@hrric.uscg.mil (Save file as "*yourlastname.doc*" to your desktop, then attach the file to an e-mail message addressed to HRSIC-MAS, Subject: FSSA Application)
- Fax to (785) 339-3760
- Mail to: Commanding Officer (MAS)
Coast Guard HRSIC
444 SE Quincy
Topeka, KS 66683-3593

A signed FSSA application form shall be supplied to the PERSRU by the member, and shall be filed in Section 4 of the PERSRU PDR.

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Department of Transportation U. S. Coast Guard CG HRSIC-2426 (Rev. 3/02)	<h2 style="margin: 0;">CAREER STATUS BONUS (CSB) ELECTION</h2>	
PRIVACY ACT STATEMENT		
AUTHORITY: 37 U. S. Code 322. PRINCIPAL PURPOSE: To record a member's eligibility and election to receive or not receive the Career Status Bonus with reduced retired pay and to adjust such retired pay according to the member's election. ROUTINE USE(S): Information may be provided to the Internal Revenue Service to resolve matters relating to an individual's tax withholding; to the Federal Retirement Thrift Investment Board to establish eligibility for contributions to the Thrift Savings Plan for military personnel, and to the Department of Justice or state and local governments when a question of conflicting interest is raised concerning a member's declarations and election. DISCLOSURE: Mandatory; the member must complete this form. Failure to submit this form within 6 months after the date shown in item 6 below, or by the date the member completes 15 years of creditable active duty service if that is a later date, will lead to an irrevocable determination affecting the amount of retired pay the individual may later qualify to receive and the disqualification for electing receipt of the Career Status Bonus.		
SECTION I – PERSONAL IDENTIFICATION (Normally completed by HRSIC)		
1. NAME (Last, First, Middle Initial)	2. EMPLID	3. RANK/PAY GRADE/ BRANCH OF SERVICE
4. DIEMS (YYYYMMDD)	5. AD BASE DATE (YYYYMMDD)	6. DATE OF NOTIFICATION (YYYYMMDD)
SECTION II – DETERMINATION OF ELIGIBILITY		
7. You may be eligible to elect a Career Status Bonus (CSB). To be eligible, you must: (1) Be on active duty, (2) Complete 15 years of active duty service, (3) Have a DIEMS of August 1, 1986 or later, and (4) Qualify under Coast Guard/NOAA regulations for retention to 20 years of active duty service.		
Service records indicate that you are currently: <input type="checkbox"/> Eligible to elect the Career Status Bonus <input type="checkbox"/> Not eligible to elect the Career Status Bonus		
REASON NOT ELIGIBLE:		
8. DATE OF DETERMINATION (YYYYMMDD)	9. HRSIC AUTHENTICATING REPRESENTATIVE	
	a. PRINTED NAME (Last, First, Middle Initial)	b. SIGNATURE
SECTION III, IV, OR V (To be completed by Member and Witness) NOTE: Complete only one of these sections and then return this form to HRSIC (MAS). If not eligible, complete Section III only. If eligible and you want to elect to receive the bonus, complete Section IV only. If eligible and you do not want to receive the bonus, complete Section V only.		
SECTION III – NOT CURRENTLY ELIGIBLE FOR CAREER STATUS BONUS Complete this section only if you are not currently eligible to elect the Career Status Bonus .		
10. I understand that I am not eligible for the Career Status Bonus at this time and that my ineligibility does not preclude my continued service to retirement if authorized by Coast Guard/NOAA regulations. I understand that I will not receive a bonus and I remain under the High-3 retirement system. I understand that HRSIC will notify me if I later become eligible to elect the bonus.		
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)
11. WITNESS		
a. PRINTED NAME (Last, First, Middle Initial)	b. RANK/PAY GRADE	c. POSITION/DUTY TITLE
d. ORGANIZATION	e. ORGANIZATIONAL ADDRESS	
f. SIGNATURE		g. DATE SIGNED (YYYYMMDD)

Continued on Reverse

SECTION IV – ELIGIBLE AND ELECTING TO RECEIVE THE CAREER STATUS BONUS

Complete this section only if you are eligible and you desire to elect to receive the Career Status Bonus.

12. I elect to receive the Career Status Bonus payment with payments as indicated in block 12.a. below. I make this election upon my attainment of 15 years of active duty service and having been determined eligible for the bonus by HRSIC. I understand that once the election is effective it may not be revoked. My election is effective once received and accepted at the 15th year of service, or if later, the date received and determined acceptable by HRSIC, but no later than the date that is six months after being notified of my eligibility. I agree to remain on continuous active duty, subject to Coast Guard/NOAA regulations, until I attain a minimum of 20 years of such service. If I fail to complete such service, I understand that I will be required to repay a share of the bonus payment in proportion to the amount of service I failed to complete compared to the additional service I agreed to serve. If I am separated prior to 20 years of service, I consent to withholding from current pay, final pay, or any other money due to me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me. I further understand that if and when I do retire, it will be under the provisions of the 1986 Military Requirement Reform Act (1986 MRRA, known as REDUX) and that my future retired pay, if based on length of service, will be reduced under such provisions in the form of a reduced multiplier before age 62 and annual Cost-of-Living Adjustments (COLAs) that are 1% less than I would otherwise receive both before and after age 62, but with a one-time catch-up COLA adjustment at age 62. I have received the Fact Sheet of Information for Eligible Career Status Bonus Members, explaining the details and effects of making this election.

a. I elect to receive the bonus under the following payment options:

(Note: When multiple payments are to be made, the second and subsequent payments are made in January of each succeeding year.)

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> A single lump sum payment of \$30,000 | <input type="checkbox"/> Two annual payments of \$15,000 |
| <input type="checkbox"/> Three annual payments of \$10,000 | <input type="checkbox"/> Four annual payments of \$7,500 |
| <input type="checkbox"/> Five annual payments of \$6,000 | |

b. ☐ I intend to participate in the TSP ☐ I do not intend to participate in the TSP.

c. SIGNATURE**d. DATE SIGNED** (YYYYMMDD)**13. WITNESS****a. PRINTED NAME** (Last, First, Middle Initial)**b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED** (YYYYMMDD)**SECTION V – ELIGIBLE AND ELECTING NOT TO RECEIVE THE CAREER STATUS BONUS**Complete this section only if you are eligible to receive the Career Status Bonus but **you desire NOT** to elect the bonus.

14. I elect not to receive the Career Status Bonus. I understand that I will not have any further opportunity to elect to receive this bonus. I understand that I will not receive a bonus payment and that I remain under the High-3 retirement system. I have received the Fact Sheet of Information for Eligible Career Status Bonus Members, explaining the details and effects of making this election not to receive this bonus.

a. SIGNATURE**b. DATE SIGNED** (YYYYMMDD)**15. WITNESS****a. PRINTED NAME** (Last, First, Middle Initial)**b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED** (YYYYMMDD)**SECTION VI – SERVICE RECORDING OF ELECTION**

(To be completed by HRSIC Officials after member makes an election to receive the bonus)

16. CSB ELECTION EFFECTIVE DATE (YYYYMMDD):**17. RECORDING OFFICIAL****a. PRINTED NAME** (Last, First, Middle Initial)**b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED** (YYYYMMDD)

INSTRUCTIONS FOR COMPLETING CG HRSIC FORM 2426, CAREER STATUS BONUS (CSB) ELECTION

GLOSSARY:

CSB Election Effective Date: This is the date the member's election to receive a Career Status Bonus becomes irrevocable. This is the date on which the member attains 15 years of active duty service or the date that is 6 months after the date of CSB notification, if that is a later date.

Date of CSB Notification: This is the date HRSIC processed the notification to the member. HRSIC should record this date in Section I, Item 6 of the form as this date may determine the effective date of an election.

Date of Initial Entry to Military Service: This date is referred to as **DIEMS**. This is the date someone first became a member of a Uniformed Service and pertains to the earliest date of enlistment, induction, or appointment in a regular or reserve component of an armed force as a commissioned officer, warrant officer, or enlisted member. Breaks in service shall not affect the date someone first became a member. Cadets and midshipmen of the Academies, cadets of the reserve Officer Training Corps, and members of the Delayed Entry Program (DEP) are considered to have become members for the purposes of these provisions. All members should be informed of the implications of these provisions on their potential retired pay.

Active Duty Base Date: This is the AD Base Date in item 5. This is the actual or constructive date of your entry on active duty. For members with no prior military service, it is the date of commission/enlistment. If you elect to receive the CSB, you agree to remain on active duty until twenty years after this date.

GENERAL

HRSIC Officials: Complete Sections I, II, and VI as appropriate to member being notified.

Member: Complete only Section III, IV, or V, as appropriate to your situation.

1. Read these instructions carefully before completing the form.
2. This form will record your election to receive a Career Status Bonus. Your election will carry Service obligation requirements and affect your future retired pay.
3. If eligible to elect the career status bonus, you must be furnished a copy of the fact sheet: **Information for Members Eligible to Receive a Career Status Bonus** explaining the details and effects of making your election to receive or not to receive the bonus. You should read this fact sheet and consult other sources if desired.

SECTION I and II: To be completed by HRSIC.

SECTION III, IV, AND V: To be completed by the Member.

Complete only the one section appropriate for your situation. Sign and date the form in the appropriate blocks for the applicable section. Have your signature witnessed by your Commanding Officer or his/her designee.

SECTION III: Not Currently Eligible for Career Status Bonus.

Complete Section III only if you have been determined currently **not eligible to elect the bonus**. Have your signature witnessed by your Commanding Officer or his/her designee.

SECTION IV: Eligible and Electing to Receive the Career Status Bonus.

Complete Section IV only if you are eligible and desire to **receive the bonus** with associated reductions in future retired pay, and you agree to remain on active duty for a minimum of 20 years. Have your signature witnessed by your Commanding Officer or higher designee.

SECTION V: Eligible and Electing NOT to Receive the Career Status Bonus.

Complete Section V only if you are **eligible but desire NOT to receive the bonus** with associated reductions in retired pay. Have your signature witnessed by your Commanding Officer or higher designee.

SECTION VI: Service Recording of Election

This section is to be completed by HRSIC if the member elects to receive the CSB.

MAIL THE COMPLETED FORM TO:

Commanding Officer (MAS)
Coast Guard Human Resources & Information Center
444 SE Quincy St
Topeka, KS 66683-3591

A copy of this form shall be retained by the member.
A copy of this form shall be sent to the PERSRU.

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Department of Transportation U. S. Coast Guard CG HRSIC-3799R (Rev. 2-02)		Reserve Annual Screening Questionnaire (ASQ)					
MEMBER: Fill out and forward to your servicing PERSRU. HRS/PERSRU: Enter the following information into CGHRMS for the reservist who does not have access. This blank form is also available as CG-3799 (8/01) at the following website: http://www.uscg.mil/reserve/forms.htm							
EMPLID		Name (Last, First, MI)					
Rank		Unit (Division)	Primary E-mail				
Primary Phone Work: Home:		Permanent Mailing Address					
Marital Status:		Number of Dependents:					
Date of last Physical:							
COMPETENCIES, QUALIFICATION CODES, EXPERIENCE INDICATORS							
Competencies, Qualification Codes, Experience Indicators		Effective Date					
STANDARD OCCUPATION CODE(S)							
See http://stats.bls.gov/soc or write in your job title and choose from major codes on page 3 of this form. You may have more than one occupation code.							
<table border="1" style="width: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
CIVILIAN EMPLOYER INFORMATION							
Employer: _____		Phone: _____					
Address: _____ _____							
Contact Name: _____		Contact's Phone: _____					

Continued on Reverse

AVAILABILITY FOR MOBILIZATION

You must notify your chain of command of anything that prevents you from mobilizing (including **temporary conditions**).

I am available for mobilization.

☐ Yes

☐ No

If no, check only one below and explain. Checking "no" MAY mean you cannot be a drilling reservist.

- ☐ My Federal agency has designated me as a key employee.

 - Your Federal Agency has declared in writing that your position is critical and you cannot be mobilized. This will cause you to lose your SELRES status.

☐ I am employed in a critical civilian occupation.

 - An occupation that could be critical to your community at the same time that a mobilization is necessary (police, fire department, EMA, local government official). This MAY affect your SELRES status.

☐ My absence would create a community or family hardship.

 - A temporary condition makes it impossible for you to mobilize. This MAY cause you to lose your SELRES status for the duration of the hardship.

☐ Other

Explain: _____

ACKNOWLEDGEMENT OF POTENTIAL RECALL STATUS

As a member of the U.S. Coast Guard Reserve, I am subject to involuntary recall to active duty, and I willingly accept this obligation. I am ready to deploy and be mobilized on short notice except as noted on this form. I understand it is my responsibility to be ready for recall and have my personal affairs in order. If my deployment ability changes due to employment, family, medical (dental, physical, and/or psychological), or any other condition(s), I shall notify my command of the change immediately in writing. I understand that refusing to comply with orders for a recall to active duty is subject to penalties imposed by the Uniform Code of Military Justice (UCMJ). Among other sanctions, I could receive dismissal, a bad conduct discharge, a dishonorable discharge, or an administrative discharge characterized as other than honorable.

I have read the above paragraph and:

Check one: ☐ I understand and accept ☐ I do not accept ☐ I do not understand

Signature _____

Date _____

Privacy Act Statement: This information is collected under Title 10 USC 10149 that requires that the USCG continuously screen Ready Reserve members to ensure they are properly skilled and able to report for active duty if mobilized. Title 10 USC 10205 requires that you report to your chain of command any change in address, marital status, number of dependents, civilian employment, or medical condition (dental, physical, or psychological) that would prevent you from mobilizing – even temporary conditions. The other information is voluntary. Failure to complete this form may affect your status in the Coast Guard Reserve or result in disciplinary action.

Continued on Next Page

SOC Major Groups
See <http://stats.bls.gov/soc>

11-0000	<u>Management</u>
13-0000	<u>Business and Financial Operations</u>
15-0000	<u>Computer and Mathematical</u>
17-0000	<u>Architecture and Engineering</u>
19-0000	<u>Life, Physical, and Social Science</u>
21-0000	<u>Community and Social Services</u>
23-0000	<u>Legal</u>
25-0000	<u>Education, Training, and Library</u>
27-0000	<u>Arts, Design, Entertainment, Sports, and Media</u>
29-0000	<u>Healthcare Practitioners and Technical</u>
31-0000	<u>Healthcare Support</u>
33-0000	<u>Protective Service (incl Police & Fire Fighters)</u>
35-0000	<u>Food Preparation and Serving Related</u>
37-0000	<u>Building and Grounds Cleaning and Maintenance</u>
39-0000	<u>Personal Care and Service</u>
41-0000	<u>Sales and Related</u>
43-0000	<u>Office and Administrative Support</u>
45-0000	<u>Farming, Fishing, and Forestry</u>
47-0000	<u>Construction and Extraction</u>
49-0000	<u>Installation, Maintenance, and Repair</u>
51-0000	<u>Production</u>
53-0000	<u>Transportation and Material Moving</u>
55-0000	<u>Military Specific</u>

Within these major groups are 96 minor groups, 449 broad occupations, and 821 detailed occupations. If you do not have access to the web site above, select major group from above and tell us your job title. **You may have more than one occupation code.**

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Department of Transportation U. S. Coast Guard CG HRSIC-5100 (Rev. 2-02)		OFFICER UNIFORM ALLOWANCE CLAIM WORKSHEET	
EMPLID	NAME, (Last, First, MI)	RATE/RANK	ELIGIBILITY DATE
Claim Code Check the correct block			
<input type="checkbox"/>	A	Initial uniform allowance for reservists only. Those officers commissioned upon completion of Aviation Officer Candidate School and those limited duty officer aviator candidates commissioned upon completion of all flight training.	\$100
<input type="checkbox"/>	B	Initial uniform allowance for reservists only. The officer has not already received the initial uniform allowance and meets one of the following: 1. Has reported for AD (other than training) for a period in excess of 90 days including authorized travel time; or 2. Has completed not less than 14 days of AD or ADT; or 3. Has completed 14 periods, of not less than 2 hours duration each, of inactive duty training in Ready Reserve status.	\$400
<input type="checkbox"/>	C	Initial uniform allowance for reservists only. The officer has transferred from another reserve component of the Armed Forces where a different uniform was required.	\$400
<input type="checkbox"/>	D	Initial uniform allowance for all regular officers and for those reserve officers who have recently graduated from OCS and are currently on active duty for a period in excess of 139 days. An officer is entitled to an initial uniform allowance upon first appointment as an officer (temporary or regular) or as a permanent warrant officer.	\$400
<input type="checkbox"/>	E	Additional active duty uniform allowance for reserves only. The reserve officer is entering on AD or ADT for more than 90 days or has been on continuous AD or ADT for more than 90 days and 2 years have elapsed since receipt of an initial reimbursement or allowance in excess of \$400 or 2 years have passed since the last period of AD or ADT for more than 90 days.	\$200
Privacy Act Statement: In accordance with 5 USC 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate amount of Officer Uniform Allowance. Routine Use(s) - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member will not be properly reimbursed.			
Signature of claimant			DATE
Command Approval		Date:	For PERSRU Use Only
			Action Completed Date:
			Initials:

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Department of Transportation

U. S. Coast Guard

CG HRSIC-7421 (11/01)

UTS AUTHORIZING OFFICIAL (AO) DESIGNATIONName: _____ Rank: _____ SSN: _____
Last First MI

Work Ph: _____ Official Duty Station _____ OPFAC _____

UTS AO Statement of Responsibility and Liability

Read and be familiar with:

- (a) Contractor's UTS User Guide at HRSIC Website
- (b) JFTR, Appendix O
- (c) CG Supplement to JFTR, and
- (d) Chapter 2, 3PM

Unit Travel System Approving Officials (UTS AO) have authority to review and approve travel payment transactions in UTS and therefore, shall become knowledgeable in the matters of document(s) being approved. UTS AO's have broad authority to determine when TDY travel is necessary to accomplish the unit's mission, authorize travel, obligate unit travel funds, approve trip arrangements and authorize travel expenses incurred in connection with the travel. The UTS AO shall ensure documents are carefully audited before approval and not signed only as a matter of formality. The UTS AO shall not compromise system integrity by revealing their personal passwords.

The UTS AO is fully accountable to the Coast Guard and may be found liable for erroneous or improper payments. Personal monetary liability, adverse personal evaluation, and/or further administrative or disciplinary action(s) may result if found negligent in the performance of UTS AO duties. UTS AO designation is terminated with a permanent transfer, inter-unit transfer, or when deemed necessary by competent authority.

By my signature I certify I understand and agree to the Statement of Responsibility and Liability.

AO Signature**Command Designation**

The person above is designated an UTS AO for the unit shown above. As a result, this unit will now have a total of _____ AO's.

Commanding Officer (or designee):

*Last First MI*_____
Rank Title Ph #

Signature: _____ Date: _____ (YYMMDD)

HRSIC Certification: This application has been reviewed by_____
Last First MI Rank Title Ph #

Signature: _____ Upgraded in UTS by: _____

The UTS AO designation for the above individual is hereby terminated. Eff date: _____ (YYMMDD) Reason: _____

Commanding Officer (or designee):

*Last First MI*_____
Rank Title Ph #

Signature: _____ Date: _____ (YYMMDD)

Fax to HRSIC (TVL) 785-339-3774

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Enclosure 4
STANDARD SEPARATION LETTERS

Nondisability Retirements

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC
Thru: B. M. Chief
CG STA Anywhere

Subj: SEPARATION PAYMENT UPON RETIREMENT FROM ACTIVE DUTY

1. The separation payment provided to you upon your retirement from active duty represents 100 percent of your final pay as calculated by PMIS/JUMPS. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.
2. Any additional payment to you will be paid by the Coast Guard HUMAN RESOURCES SERVICE AND INFORMATION CENTER (HRSIC) after your separation transactions have processed in PMIS/JUMPS and a final review of your pay account is made. This will normally be within 45 days after your date of retirement. You will also be sent a final Leave and Earnings Statement (LES) within 45 days after retirement.
3. If an overpayment is discovered upon final review of your active duty pay account, HRSIC will initiate action to collect the overpayment from your retired pay.
4. Your final LES and any additional payment will be mailed to the address provided on the Tax Information Form (CG-5225) prepared by your Personnel Reporting Unit at the time of separation processing. If you wish to receive your final LES and any additional payment at a different address, you must notify HRSIC (SES) in writing within 20 days. Your letter must include your name, social security number and the address you want the payment sent to. Please address your correspondence to:

COMMANDING OFFICER (SES)
COAST GUARD HUMAN RESOURCES
SERVICE & INFORMATION CENTER
444 SE QUINCY STREET
TOPEKA KS 66683-3591
5. Your IRS form W-2 for calendar year 19 - will be mailed by HRSIC to the address indicated on the Tax Information Form CG-5225 unless HRSIC (SES) is notified otherwise in writing. Your IRS form W-2 will be mailed by 31 January next year.
6. Any questions concerning retirement travel entitlements or settlement of travel claims should be coordinated with HRSIC (TVL) at 1-888-USCGTVL. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785)-339-3550.

M. R. ROBERTS
CG GP Somewhere

Survivor Benefit Plan Election Requirements

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC

Subj: SURVIVOR BENEFIT PLAN

Ref: (a) Your Guide To Retirement, HRSICINST M1800.5 (series)

1. As a concerned commanding officer, I am writing this letter to ensure that you are fully aware of the Survivor Benefit Plan (SBP).
2. As you near retirement, it is important that you fully understand SBP.
 - If you do not make an election, you will be automatically enrolled at maximum level.
 - You may elect coverage at less than maximum or not to participate at all.
 - You will have a one-year period, beginning two years after the commencement of retired pay, to voluntarily terminate SBP coverage. You will be notified when you reach your second anniversary of retired pay, and if you wish to terminate SBP you should contact HRSIC (RAS) for the disenrollment form. Once participation is discontinued under these provisions, no benefits may be paid in conjunction with your previous participation. No refund of any premiums properly collected shall be made and you may not resume participation in SBP for any category or beneficiary.
 - The decision not to participate at retirement in SBP is irrevocable.

You and your spouse should review Chapter 3 of reference (a) prior to making an election.

3. If you do not elect coverage at the maximum level, your spouse must concur with your election.
 - You are required to advise your spouse of your election.
 - Your spouse may indicate concurrence with your SBP election by signing part VII of the Retired Pay Account Worksheet and Survivor benefit Election (CG HRSIC-4700).
 - If your spouse does not concur with your decision or is not available for signature, I am required by Public Law 99-145 to advise your spouse of their options.
 - Your spouse can concur with your election of less than maximum. However, if your spouse does not concur or should not respond to my letter prior to your retirement, you will be enrolled at the maximum level of participation.
4. Your election is to be made on CG HRSIC-4700 and should be completed approximately 60 days prior to your retirement or date of departure on terminal leave. Failure to return a completed election will result in you being enrolled in the SBP at maximum level of participation, *regardless of your wishes*.
5. If you have any questions concerning the Survivor Benefit Plan, (enter name of local work-life Career Information Specialist or unit contact and phone number), or the staff at Coast Guard HUMAN RESOURCES SERVICE AND INFORMATION CENTER, Retiree and Annuitant Services (RAS) (785-339-3415) are available to assist you and your spouse.

M. R. Roberts
CG GP Somewhere

Separation Pay Letter (member due money)

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC

Thru: B. M. Chief
CG STA Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The separation payment provided to you upon your separation from active duty represents a substantial portion of your final pay and includes payment for any unused leave due you through your date of separation from the Coast Guard. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.
2. The Coast Guard Human Resources Service and Information Center (HRSIC) will make any additional payment due you after your separation transactions have processed in PMIS/JUMPS and a final review of your pay account. This will normally be within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment will be mailed to your home address as listed in the Coast Guard Human Resources Management System (CGHRMS).
4. Your IRS Form W-2 for this year will be mailed by HRSIC to your home address by 31 January next year.
5. The Travel Claim Assistance Team at (785) 339-2258 will answer any questions concerning separation travel entitlements or settlement of travel claims after. Claims for reimbursement of Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785) 339-3550.

M. R. Roberts
CG GP Somewhere

Separation Pay Letter (member owes money)

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC
Thru: B. M. Chief
CG STA Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The Coast Guard Human Resources Service & Information Center (HRSIC) has determined that you are not entitled to any final payment upon your separation from the Coast Guard
2. HRSIC (SES) will make a final review of your pay account after your separation transactions have been processed in PMIS/JUMPS. If this review indicates that you have been overpaid, you will be notified in writing of the nature and amount of any indebtedness. If the review indicates that you are entitled to additional moneys, HRSIC (SES) will make a special check payment. The payment should be mailed to you within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment (or notification of overpayment letter, if indebted) will be mailed to your home address as listed in the Coast Guard Human Resources Management System (CGHRMS).
4. Your IRS Form W-2 for this calendar year will be mailed by HRSIC to your home address by 31 January next year.
5. The Travel Claim Assistance Team at (785) 339-2258 will answer any questions concerning separation travel entitlements or settlement of travel claims after separation. Claims for reimbursement of Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785) 339-3550.

M. R. Roberts
CG GP Somewhere

Information Regarding Active Duty Separation Status

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC
Thru: B. M. Chief
CG STA Anywhere

Subj: INFORMATION REGARDING ACTIVE DUTY SEPARATION STATUS

1. You have been given DD Form 214, Certificate of Release or Discharge from Active duty. We recommend that you store it in a safe place, as you will undoubtedly have need for it at some future date. The purpose of the DD Form 214 is to provide separated personnel with a concise record of data pertaining to active service within the Armed Forces for the purpose of obtaining civilian employment commensurate with service qualifications and experience. The DD Form 214 is also necessary for obtaining such benefits as may accrue under various federal and state legislation as the result of active service in the Armed Forces. In the event the original of the DD Form 214 contains an erroneous entry, you may obtain a correction by addressing a request to Commander (adm-3) Coast Guard Personnel Command, 2100 2nd Street SW, Washington, DC. 20593-0001. If your DD Form 214 is lost, or you require a copy of your medical records, you may obtain a copy of them at the above address within the first six months of your separation. Once you have been separated for more than six months, you may obtain a copy of your DD Form 214 by addressing a request to National Personnel Record Center, Military Records, 9700 Page Blvd, St. Louis, MO 63132-5100. The Department of Veterans Affairs will maintain your medical record, and you may obtain a copy by writing to the VA Records Management Center, PO Box 5020, St Louis, MO 63115. Any such request as noted above must include your full name, rank, social security number, date of separation, and reason for request.

2. Upon separation from the U.S. Coast Guard, all persons are required to surrender all identification cards that may be in their possession, including your Armed forces Identification and Privilege Cards for yourself and all dependents.

3. The "Ex-servicemen's Unemployment Compensation Act of 1958" (Public Law 85-848) authorized unemployment insurance protection of ex-servicemen of all ranks who began their active service in the Armed Forces after 31 January 1955. The Department of labor has prepared an informative pamphlet concerning the provisions of the Act. The pamphlet is available through normal source of supply.

4. Enclosed are travel vouchers for you and dependents (if applicable). Failure to submit these claims will result in you not receiving the per diem portion of your travel entitlements. When submitting these claims you are required to submit the original or copy of the original DD Form 214. You are required to complete the travel claims and submit them in the self-addressed envelope to: Commanding Officer (TVL), Coast Guard Human Resources Service & Information Center, 444 SE Quincy Street, Topeka, KS 66683-3591.

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Enclosure 4
STANDARD SEPARATION LETTERS

Subj: INFORMATION REGARDING ACTIVE DUTY SEPARATION STATUS

1900
15 May 2002

5. If you have Servicemember's Group Life Insurance (SGLI) in force, you may convert to Veteran's Group Life Insurance (VGLI) for a 5-year period commencing with the post-service SGLI coverage, which is the 121st day after separation. Applications, payments and inquiries concerning SGLI and VGLI should be sent to: Office of Servicemember's Group Life Insurance, 212 Washington Street, Newark, NJ 07102. Any Veterans Administration Office can supply information and forms.

6. If you have contributed to the Thrift Savings Plan (TSP) during your career, you need to make a withdrawal option once you separate from the Coast Guard. You will need to complete Form TSP-U-70, Withdrawal Request, to specify the TSP withdrawal option you want. Mail the form to the TSP Service Office on the form. After your separation, the National Finance Center will be your primary contact for information about your account and about account withdrawal procedures.

M. R. Roberts
CG GP Somewhere

Encl: (1) Travel Vouchers

Enclosure 4
STANDARD SEPARATION LETTERS

RELAD letter

1900
15 May 2002

MEMORANDUM

From: M. R. Roberts CAPT
CG GP Somewhere

To: John P. Jones, GMC
Thru: B. M. Chief
CG STA Anywhere

Subj: TERMINATION OF ACTIVE DUTY IN THE REGULAR COAST GUARD AND TRANSFER TO THE
COAST GUARD RESERVE

Ref: (a) 10 USC 651

1. Effective **(insert date of separation)** your active duty in the regular Coast Guard is hereby terminated by reason of expiration of enlistment. You are hereby immediately transferred to the Coast Guard Reserve and concurrently released to inactive duty. You will be required to serve in the Coast Guard Reserve until **(insert expected loss date)**, unless sooner discharged by competent authority.
2. During the period of your obligated service in the Coast Guard Reserve you shall be subject to such additional training as may now or hereafter be prescribed by law for such Reserve. Failure to fulfill all or any part of your service obligation may result in trial by appropriate authorities of the United States for violation of reference (a).
3. You have stated that your mailing address is: **(insert correct final address)**
4. Subsequent to this date, your new unit will be **(insert new unit address and phone number)**. This command will advise you fully as to your obligations and other matters connected with your service in the Coast Guard Reserve. You will keep this command informed of any change of address. You must promptly reply to all official communications. Any information you desire regarding your reserve obligation or status should be requested from your Commanding Officer or your unit administration office.

M. R. Roberts
CG GP Somewhere

Copy: **(provide copy to ISC (fot) responsible for geographic area which member will reside after separation)**

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Accession, Continued

Entry Type: Accession (ACC-5)

Reference: Recruiting Manual, COMDTINST M1100.2 (series) Responsible Level: Recruiter

Entry:

(DATE): I do not possess a social security card, although I have applied for issuance/replacement of one on form SS-5. I have been advised by the Social Security Administration that the number being issued to me is ____-____-____ I authorize the Coast Guard to cite my social security card for number identification purposes prior to forwarding it to me.

J. P. JONES

Entry Type: Accession (ACC-6)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I certify that I am a resident alien and my number is:

J. P. JONES

Entry Type: Accession (ACC-7)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I understand that, until I become a United States citizen, I WILL NOT be eligible for reenlistment or to enter the following ratings: AMT, AST, AVT, ET, FT, IT, GM, MST, PA, QM, RD, TC, TT, or YN. Nor will I be eligible to attend Officer Candidate School or be appointed as a Chief Warrant Officer (CWO).

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Accession, Continued

Entry Type: Accession (ACC-8)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I have been advised that my medical examination revealed that I do not have normal color vision. I understand that, if I am enlisted in the Coast Guard, I will not be permitted to enter the ratings of AMT, AST, AVT, BM, EM, ET, FT, GM, HS, IV, PA, PS, QM, RD, or TT during the period of this or subsequent enlistments. I am also aware that if I enter the MST rating, I will not be eligible for appointment to CWO (BOSN). Furthermore, I have been advised that my defective color vision disqualifies me from applying for Officer Candidate School or the Coast Guard Academy.

J. P. JONES

Entry Type: Accession (ACC-9)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I am aware I am eligible to reenlist with a ____ designator; however, I intend to pursue a career as an _____ and desire to reenlist as an E-3 without a designator.

J. P. JONES

Entry Type: Accession (ACC-10)

Reference: Recruiting Manual, COMDTINST M1100.2 (series)

Responsible Level: Recruiter

Entry:

(DATE): I have been advised, per Article 5-C-33, Personnel Manual, COMDTINST M1000.6 (series), that I may be eligible for advancement to pay grade E-4, in my formerly held rating, without having to attend class "A" school or compete in the servicewide exam, if I am found eligible in all respects and I am recommended for advancement. I must serve a minimum of 6 months on my present enlistment, and either hold a designator or have been rated at the time of my last separation from active duty. My commanding officer's recommendation must be submitted within 5 years of my latest separation from active duty. If I am ineligible or not recommended for advancement under this program, I understand I must compete for advancement to pay grade E-4.

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Assignment and Transfer

Entry Type: Assignment and Transfer (A&T-1)

Reference: Section 4-A, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have been counseled on the requirement of Article 4-A-12, Personnel Manual, COMDTINST M1000.6 (series) regarding my availability for unrestricted worldwide assignment. I further certify that the situation, which occasioned my original request, in my letter 1326, dated (date), has been completely alleviated and I am now available for unrestricted worldwide assignment.

J. P. JONES

Entry Type: Assignment and Transfer (A&T-2)

Reference: Section 4-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Received orders for Humanitarian assignment (HUMS) under the provisions of Article 4-B-11, Personnel Manual, COMDTINST M1000.6 (series). Instructions concerning nonentitlement to expenses incurred in the execution of these orders have been explained to me this date. In view of a permissive travel authorization for HUMS to a new permanent duty station being issued, I understand that under no circumstances will I be reenlisted or extended without Commandant approval. I must present clear documentation that my hardship situation is completely resolved, and that I am available for unrestricted reassignment in accordance with service needs, for Commandant approval to be granted.

J. P. JONES

Entry Type: Assignment and Transfer (A&T-3)

Reference: Section 4-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Found to be unsuitable as (enter assigned special duty) due to (state reasons and specifics) per Article 4-C-13, Personnel Manual, COMDTINST M1000.6 (series). Commander (MPC-EPM) notified this date and reassignment requested.

A. B. SEA, CAPT, USCG

Commanding Officer

(DATE): I have been counseled and understand the reason(s) for the above action.

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Assignment and Transfer, Continued

Entry Type: Assignment and Transfer (A&T-4)

Reference: Section 4-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 4-C-31, Personnel Manual, COMDTINST M1000.6 (series), relating to suitability of members to serve on icebreaker duty. Neither I nor my dependents possess any physical or mental abnormalities, except as indicated, which might result in a determination that I be disqualified for such duty: (state disqualification or indicate "none to my knowledge"). I consider myself fully qualified for icebreaker duty.

J. P. JONES

(DATE): Compliance with the provisions of Article 4-C-31, Personnel Manual, COMDTINST M1000.6 (series), is certified. John Paul Jones is considered to be suitable in all respects for icebreaker duty.

A. B. LIST, CWO4, USCG

Personnel Officer

Entry Type: Assignment and Transfer (A&T-5)

Reference: Section 4-E, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I understand that neither my spouse nor I will be considered for reassignment under the provisions of Article 4-A-11, Personnel Manual, COMDTINST M1000.6 (series), until eligible for normal rotation.

JOHN PAUL JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Assignment and Transfer, Continued

Entry Type: Assignment and Transfer (A&T-6)
Reference: Section 4-E, Personnel Manual, COMDTINST M1000.6 (series)
Responsible Level: Unit
Entry:
OVERSEAS SCREENING

(DATE): I, _____, am aware that failure to divulge disqualifying information, or amplifying information (medical, dental, psychological, physical, or educational problem(s)) pertaining to the questions on the checklist for overseas screening, may ultimately result in disciplinary action punishable under the UCMJ.

member (signature)	DATE	member (name, rank/rate)
--------------------	------	--------------------------

spouse (signature)	DATE
--------------------	------

On the basis of all available information, I endorse/I do not endorse (circle one) the member's orders to the overseas assignment. (A copy of the completed checklist will be forwarded to the receiving command.)

CO/OIC (signature)	DATE	CO/OIC (name,rank)
--------------------	------	--------------------

Entry Type: Assignment and Transfer (A&T-9)
Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)
Responsible Level: Unit
Entry

(DATE): I hereby request assignment to a non-rescue swimmer tour of duty as the needs of the service allow. I understand that two consecutive non-rescue swimmer tours of duty or an extension of a non-rescue swimmer tour are prohibited. If I decide not to return as an operational rescue swimmer, I must have over 18 years of active service and apply for retirement; obtain a change in rating; or request voluntary discharge. I also understand I will not be eligible for rescue swimmer Special Duty Assignment Pay during this non-rescue swimmer assignment.

J. P. JONES

(DATE): Witness this date

A. B. LIST, CWO4, USCG
Personnel Officer

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Advancement and Reduction

Entry Type: Advancement and Reduction (A&R-1)

Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): YN2 Jones informed this date that he is a candidate for reduction in rate by reason of incompetence per Article 5-C-38, Personnel Manual, COMDTINST M1000.6 (series). YN2 Jones' mark(s) (provide specifics on which mark(s) meet the reduction in rate criteria) for the period ending (date). Advised that he has three months from this date to demonstrate satisfactory progress and meet the requirements of Article 5-C-38 in order to retain his present rate, and that failure to do so will result in reduction in rate to YN3. A special performance evaluation will be completed at that time for the purpose of determining competency, particular areas that require improvement are: (provide specifics, etc.).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I have read and understand the above entry.

J. P. JONES

Entry Type: Advancement and Reduction (A&R-2)

Reference: Section 5-C, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): As a result of being above the cutoff for advancement to (E-7, E-8, or E-9) I understand that I will be required to meet the two year obligated service requirement per Article 5-C-25, Personnel Manual, COMDTINST M1000.6 (series). I agree not to request voluntary retirement or early release to be effected prior to completion of required obligated service as stated above.

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Advancement and Reduction, Continued

Entry Type: Advancement and Reduction (A&R-8)

Reference: Article 1-D-10, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 1-D-10f., Personnel Manual, COMDTINST M1000.6 (series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade for (2 or 5 (whichever is applicable)) years from the anniversary date of this election. I understand that I will be eligible to reapply as a candidate for appointment to warrant grade on or about (date).

J. P. JONES

Entry Type: Advancement and Reduction (A&R-9)

Reference: Article 1-D-10, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): I have read and understand Article 1-D-10f., Personnel Manual, COMDTINST M1000.6 (series). I voluntarily elect to be removed from the eligibility lists for appointment to warrant grade. I understand that I will not be eligible to be a candidate for appointment to warrant grade until my personal hardship has been resolved.

J. P. JONES

Entry Type: Advancement and Reduction (A&R-10)

Reference: Article 5-C-4.b, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Member assigned mark of Not Recommended for the evaluation period ending (DATE) due to (REASON). Member has been counseled on the steps necessary to earn a mark of recommended.

A. B. SEA, CAPT, USCG
COMMANDING OFFICER

(DATE): I acknowledge the above entry.

J. P. JONES

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Performance and Discipline

Entry Type: Performance and Discipline (Weight) (P&D-1)

Reference: Sec. 5.B. (Pg. 5-1), COMDTINST M1020.8(series)

Responsible Level: Unit

Entry:

(DATE): On this date, you were weighed and you are in compliance with your maximum allowance weight/body fat standard. Your measurements are: Height: _____ (inches), Wrist Size: _____ (inches), and Weight: _____ (pounds). Your age is: _____ and your percent body fat is: _____. In accordance with COMDTINST M1020.8 (series), you are assigned a maximum allowable weight for screening purposes of _____ (pounds). Should you exceed this maximum allowable weight in the future, you will be required to complete a body fat determination. By signature below, you acknowledge both this entry and that you have been afforded the opportunity to review COMDTINST M1020.8 (series).

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge the above entry, have been afforded the opportunity to review COMDTINST M1020.8 (series) and fully understand the action required.

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation (SEP-6)

Reference: Article 12-B-47, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(complete the following entry when a citizen of the Republic of the Philippines reenlists immediately following separation or executes a voluntary extension of enlistment):

(DATE): I have been properly advised and counseled regarding the loss of entitlement to file for U.S. citizenship unless such reenlistment or extension of enlistment actually takes place in the United States or its stated possessions (American Samoa, Swans Island, Guam, Puerto Rico, and the Virgin Islands).

J. P. JONES

Entry Type: Separation (SEP-7)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: Unit

Entry:

(DATE): Reenlistment interview conducted this date per Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series). Member is not recommended for reenlistment because (give reason(s)). The required E-Resume has been submitted in CGHRMS.

A. B. SEA, CAPT, USCG
Commanding Officer

(DATE): I acknowledge that I have been informed that I am not being recommended for reenlistment and given the reason(s) for this action. I understand that I may submit a written appeal via the chain of command to Commander (MPC-epm). This appeal must be submitted within 15 days of this notification and my command will furnish clerical assistance, if I desire to submit an appeal.

J. P. JONES

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation (SEP-8)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): Discharged from active duty without immediate reenlistment this date by reason of (expiration of enlistment, misconduct, etc.). Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) Thrift Savings Plan (TSP) withdrawal options and procedures; (3) provisions of COMDTINST 1760.7 (series); and maintaining continuous service status.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

Entry Type: Separation (SEP-9)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): Discharged this date by reason of (expiration of enlistment or convenience of the government) and immediately reenlisted. Certificate of Release or Discharge from Active Duty form (DD-214) not issued. The following information on this enlistment/reenlistment applies:

Period of service.

Reenlistment code.

Separation Program Designator (SPD).

Time lost.

(NOTE: the above data is necessary to compute the final DD-214 since it will cover multiple enlistment/reenlistment periods.)

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

Continued on Next Page

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation (SEP-10)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): Released from active duty due to expiration of enlistment and immediately transferred to the Coast Guard reserve to complete obligation of military service. Member provided Certificate of Release or Discharge from active duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements and Coast Guard reserve opportunities/benefits; (2) Thrift Savings Plan (TSP) withdrawal options and procedures an/or opportunity to contribute to the TSP within 60 days of joining the Ready Reserve; (3) provisions of COMDTINST 1760.7 (series); and maintaining continuous service status.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

Entry Type: Separation (SEP-11)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): Retired from active duty this date and effective (date) placed on the inactive retired rolls. Member provided Certificate of Release or Discharge from Active Duty form (DD-214) and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding retirement rights, benefits, and responsibilities.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation (SEP-12)

Reference: Section 12-B, Personnel Manual, COMDTINST M1000.6 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): As outlined in Article 12-B-4, Personnel Manual, COMDTINST M1000.6 (series), I understand that in order to remain in a continuous service status, reenlistment must occur within three months from the date of discharge/separation. However, the rate held at the time of discharge/separation may not be the rate at which reenlisted unless the rate is on the open rate list at the time of reenlistment. I hereby acknowledge receipt of my separation documents.

J. P. JONES

Entry Type: Separation (SEP-13)

Reference: Section 12-B-11-f., Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: PERSRU

Entry:

(DATE): I [member's name], desire to be separated from the Coast Guard on my normal expiration of active obligated service date. I understand I will not be eligible for further follow-up studies or treatment at a U.S. Uniformed Serviced medical facility or for disability benefits under laws the Coast Guard administers, and any further treatment or benefits would be under the Veterans' Administration's jurisdiction.

member sign and date

officer witness signs and date

ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation (SEP-14)

Reference: Section 12-B-II.f, Personnel Manual, COMDTINST M1000.6 (series)

Responsible Level: PERSRU

Entry:

(DATE): I [member's name], desire to be separated from the Coast Guard despite the fact separation may prejudice any rights or benefits to which I may be entitled as a result of physical evaluation board hearings under 10 U.S.C. 61. I have been duly advised of my rights in this matter and request the Coast Guard to discharge me as soon as possible without further hearing and without disability, retirement, or severance pay and without any compensation whatsoever. I understand I am not required and am under no obligation to give this statement and I hereby certify I give this statement voluntarily.

member sign and date

officer witness signs and date

Entry Type: Separation USCGR (Inactive) (SEP-15)

Reference: Section 12-B, Reserve Administration and Training Manual, COMDTINST M1001.27 (series) and COMDTINST M1900.4 (series).

Responsible Level: PERSRU

Entry:

(DATE): Discharged this date from USCGR inactive duty by reason of (fulfillment of service obligation, expiration of enlistment, or convenience of the government) and immediately reenlisted in the (regular or reserve). Member provided USCGR discharge certificate and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Member counseled regarding (1) reenlistment opportunities including SRB entitlements; (2) opportunity to contribute to the Thrift Savings Plan (TSP) within 60 days of joining Active Duty or the Ready Reserve; (3) provisions of COMDTINST 1760.7 (series); and maintaining continuous service status.

(DATE): Reenlisted this date in the (USCG or USCGR).

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

(DATE): I acknowledge the above entries.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Separation, Continued

Entry Type: Separation USCGR (Inactive) (SEP-16)

Reference: Section 12-B, Reserve Administration and Training Manual, COMDTINST M1001.27 (series) and COMDTINST M1900.4 (series).

Responsible Level: RPERSRU

Entry:

(DATE): Discharged from USCGR inactive duty without immediate reenlistment this date by reason of (fulfillment of service obligation, expiration of enlistment, or convenience of the government).

Member provided USCGR discharge certificate and other separation documents as required by Article 12-B-53, Personnel Manual, COMDTINST M1000.6 (series). Documents mailed this date to: (address)

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

Entry Type: Separation from Selected Reserve (SELRES)(SEP-17)

Reference: COMDTINST 1001.37 (series)

Responsible Level: RPERSRU

Entry:

(DATE): Member counseled this date upon assignment to the Individual Ready Reserve (IRR), regarding possible entitlement to/ineligibility to Reserve Transition benefits (RTB). Commandant (G-RSM) will make final determination of RTB entitlement.

A. B. SEA, YNCM, USCG

By direction

CGD FOURTEEN (persru), Honolulu, HI

(DATE): I acknowledge the above entry.

J. P. JONES

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Selective Reenlistment Bonus

Entry Type: Selective Reenlistment Bonus (SRB-1)

Reference: COMDTINST 7220.33 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that my current Selective Reenlistment Bonus (SRB) multiple is _____ and is listed in ALDIST _____, which has been made available to me.

I am eligible to reenlist/extend my enlistment up to a maximum of _____ years. My SRB will be computed based on _____ months of newly obligated service.

I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.33 (series). I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

(signature of member/date)

(signature of counselor)

Entry Type: Selective Reenlistment Bonus (SRB-2)

Reference: COMDTINST 7220.33 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that my current Selective Reenlistment Bonus (SRB) multiple is _____ and is listed in ALDIST _____, which has been made available to me.

I am eligible to reenlist/extend my enlistment up to a maximum of _____ years. My SRB will be computed based on _____ months of newly obligated service.

I must reenlist on or 3 months prior to (date), which is my (6th & 10th) active duty anniversary date, in order to receive a zone (A, B, or C) SRB.

I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.33 (series). I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

(signature of member/date)

(signature of counselor)

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

CG-3307's for Selective Reenlistment Bonus, Continued

Entry Type: Selective Reenlistment Bonus (SRB-3)

Reference: COMDTINST 7220.33 (series)

Responsible Level: Unit

Entry:

(DATE): I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.33 (series).

I further acknowledge that I have been advised of the effects on my SRB computation/payment if I enter into an agreement to extend my enlistment.

(signature of member/date)

(signature of counselor)

Entry Type: Selective Reenlistment Bonus (SRB-4)

Reference: COMDTINST 7220.33 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised and am aware that I will not be eligible and will not begin receiving my SRB payment for my new rating until the operative date of my extension or reenlistment after attaining my new rating.

(signature of member/date)

(signature of counselor)

ENCLOSURE 6
ADMINISTRATIVE REMARKS

Selective Reserve (SELRES) Enlisted Bonus Programs

Entry Type: Selective Reserve Reenlistment/Extension Bonus (BON-1)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I am currently eligible for a Level ____ Selective Reserve Reenlistment Bonus as listed in ALCOAST ____, which has been made available to me.

I am eligible to reenlist/extend my enlistment up to a maximum of ____ years. My bonus will be computed based on ____ months of newly obligated service.

I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1 (series). I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

(signature of member/date)

(signature of counselor)

Entry Type: Selective Reserve Enlistment Bonus (BON-2)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Recruiting Office

Entry:

(DATE): I have been advised that I am currently eligible for a Level ____ Selective Reserve Enlistment Bonus as listed in ALCOAST ____, which has been made available to me.

I am eligible to enlist for up to a maximum of ____ years. My bonus will be computed based on ____ months of obligated service.

I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1 (series). I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

(signature of member/date)

(signature of counselor)

Entry Type: Selective Reserve Affiliation Bonus (BON-4)

Reference: COMDTINST 7220.1 (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I am currently eligible for a Level ____ Selective Reserve Affiliation Bonus as listed in ALCOAST ____, which has been made available to me.

I am eligible to serve up to a maximum of ____ months. My bonus will be computed based on ____ months of obligated service.

I hereby acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1 (series). I have also been counseled on the opportunity to have my SRB payment contributed to the Thrift Savings Plan (TSP).

(signature of member/date)

(signature of counselor)

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ENCLOSURE 6
ADMINISTRATIVE REMARKS

Selective Reserve (SELRES) Enlisted Bonus Programs,
Continued

Entry Type: Performance and Discipline (BON-5)

Reference: Selected Reserve (SELRES) Enlisted Bonus Programs, COMDTINST 7220.1A (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I will be placed in a period of authorized absence for 12 months due to involuntary recall to active duty under 10 USC 12302. During this 12-month period, I will retain my current SELRES bonus eligibility.

I further acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1A (series).

(signature of member/date)

(signature of counselor)

Entry Type: Performance and Discipline (BON-6)

Reference: Selected Reserve (SELRES) Enlisted Bonus Programs, COMDTINST 7220.1A (series)

Responsible Level: Unit

Entry:

(DATE): I have been advised that I will be authorized a period of non-availability and temporarily assigned to the Active Status Pool (ASP) for 12 months due to (temporary medical disability, temporary work conflict, or documented personal hardship).

Upon completion of the 12-month period, I will be required to extend my enlistment in the Ready Reserve to serve my full contract period in the SELRES in order to receive my total bonus entitlement.

Failure to extend for the necessary additional service or continued assignment in the ASP over 12 months will result in my bonus eligibility being adjusted for time spent in the ASP.

I further acknowledge that I have read and fully understand the contents and explanation of COMDTINST 7220.1A (series).

(signature of member/date)

(signature of counselor)

ENCLOSURE 7
CASUALTY REPORTING EXAMPLES

Personnel Casualty Report Message

When notified of a Personnel Casualty, IMMEDIATELY call Flag Plot at (202) 267-2100. Send this message within 4 hours of notification.

MESSAGE ROUTING FOR ACTIVE DUTY, RESERVE, OR AUXILIARY MEMBERS, MEMBERS WHO DIE WITHIN 120 DAYS OF SEPARATION, OR DEPENDENTS OF ACTIVE DUTY MEMBERS:

```
P 000000Z MON YR (COMCEN enters date time group)
FM COGARD UNIT ANYWHERE US (unit where casualty occurs or is initially reported to)
TO CCGDNUMBER ANYWHERE US (district where Next Of Kin resides)
INSUPCOM ANYWHERE USA (ISC where Next Of Kin resides)
CCGDNUMBER ANYWHERE US (district where member's unit is located, if different from "To" line)
INTSUPCOM ANYWHERE USA (ISC where casualty occurs)
COGARD UNIT ANYWHERE US (member's unit, if different than "From" line)
COMDT COGARD WASHINGTON DC//G-WPM// COMDT COGARD
WASHINGTON DC//G-WPM/G-WKW/G-O-CGIS// (Omit G-O-CGIS when death occurs in a
hospital due to natural causes)
INFO COGARD HRSIC TOPEKA KS
COMCOGARD PERSCOM WASHINGTON DC//EPM or OPM//
FHTNC NORFOLK VA (Fleet Home Town News Center)
CCGDNUMBER ANYWHERE US (district where unit sending this msg is located, if different from above)
COGARD MLC ANYWHERE US (if member's unit was a MLC unit)
COGARD MLC LANT NORFOLK VA //KSE//
COMCOGARD TISCOM//HONOR GUARD OPS//
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MESSAGE ROUTING FOR RETIRED MEMBERS

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P 000000Z MON YR (COMCEN enters date time group)
FM COGARD UNIT ANYWHERE US (unit where casualty occurs or is initially reported to)
TO COGARD HRSIC TOPEKA KS
INFO COMDT COGARD WASHINGTON DC//G-WPM//
FHTNC NORFOLK VA (Fleet Home Town News Center)
```

ACCT CGW2GARC

BT

UNCLAS FOUO //N01770//

SUBJ: PERSONNEL CASUALTY REPORT

1. THE FOLLOWING INFO IS PROVIDED:

ALPHA. Name. Indicate member's full name, rank/rate, SSN, and branch of service. In the case of a dependent's death, first give the dependent's full name and relationship to member, and then give the member's full name, rank/rate, SSN, and branch of service.

Continued on Next Page

Personnel Casualty Report Message, Continued

BRAVO. Status. Indicate person's status, (e.g., active duty, dependent, active duty for training, retired, absentee since, etc). In the case of reserve members, indicate whether the member was on active duty for training or inactive duty for training, and the period of training authorized including hour and date. If the casualty occurred while traveling to or from training, indicate the time of the member's departure, scheduled arrival time, method of travel, itinerary, and immediate cause of death. Fax a complete copy of the reservist's order immediately to Commandant (G-WPM).

CHARLIE. Type of Casualty. Indicate whether Alive, Dead or Missing. If alive give the prognosis in case of illness or injury. If dead, state killed in action, died of wounds or other cause. When applicable, state how identification of remains was established. If missing, give cause of disappearance. Do not use indefinite statements such as "lost overboard" or "missing and presumed dead". If it cannot be determined if member is deceased, see Article 11-A-4, Coast Guard Personnel Manual, COMDTINST M1000.6 (series).

DELTA. Date, Time, Place, Circumstances, and Cause. Give concise but ample description (avoid gory details) to provide means for explaining the casualty to the family and for processing survivor benefits. Use local time. If the casualty occurred at sea or at a remote area, state latitude and longitude, unless security precludes. If death was caused from injuries, state the cause (i.e. an automobile or plane accident, or other cause.) If possible, give brief additional information to indicate whether or not the injuries were incurred as a result of operational duty, e.g., accidental electrocution while engaged in repair work aboard ship. If death was caused by gunshot wound, indicate whether accidentally or intentionally caused. If death resulted from drowning, indicate whether due to falling overboard, recreational swimming, etc. If death resulted from flight in a Coast Guard aircraft, report circumstances as follows: status of individual, e.g., pilot, crewmember, passenger; model of aircraft; and purpose and type of flight, e.g., whether "operational" or "other than operational". Whenever a determination of the cause of death is delayed pending an autopsy or toxicological examination, the finding shall be furnished by supplemental message as soon as possible. If the member is missing, include a statement of the status of the search or the impracticability of conducting a search.

Continued on Next Page

Personnel Casualty Report Message, Continued

ECHO. Location and Disposition of Remains. Give complete name, address, and phone number of morgue or funeral establishment where remains are located. If remains are to be transferred to another establishment, give name, address, and phone number of such establishment, when transfer will be made, and any special disposition instructions the next of kin should know. If remains were not recovered, give the status or the search.

FOXTROT. Full Name, Address, and Relationship of Next of Kin. [Next of Kin information is found on the BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A). If dependents are injured or killed in the same accident, state their present whereabouts and condition if applicable.]

GOLF. Notification of Next of Kin. State Primary NOK – Yes or NO, Secondary NOK – Yes or NO to indicate whether primary and secondary next of kin named on the member's (CG-4170A) have been officially notified. If notification has been made, state date and local time of contact. If notification has not been made, advise what action is being taken to notify next of kin.

HOTEL. Board of Investigation. Enter Yes or No to indicate whether a board of investigation will be convened. Consult Administrative Investigations Manual COMDTINST XXXXXX A when evidence.

INDIA. BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A). Indicate date of latest BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A) executed by member.

JULIETT. Beneficiary for Death Gratuity. Provide name and address of death gratuity beneficiary, as shown on the member's current BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A).

KILO. Line of Duty Determination and. All active duty deaths (illness, disease, accidents, car wrecks, and suicide) are considered to have occurred in the "Line of Duty," unless some overwhelming evidence would indicated otherwise. If no overwhelming evidence exists, state here "Commanding Office has determined death to be "Line of Duty." If in doubt consult Administrative Investigations Manual COMDTINST XXX and state "Line of duty determination pending."

Continued on Next Page

Personnel Casualty Report Message, Continued

LIMA. Servicemembers' Group Life Insurance (SGLI). Indicate whether the member is covered by SGLI, the amount of coverage, and the beneficiary information listed on the member's most recent VA Form SGLV-8286. Also indicate whether the member was in an AWOL status for 31 days or more at the time of the death. In the case of a dependent Spouse's death, indicate if the member had family SGLI coverage and what amount. In the case of a dependent child's death, indicate if the member had SGLI coverage.

MIKE. Beneficiary for Pay and Allowances. Indicate name and address of beneficiary listed on BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A) for unpaid pay and allowances.

NOVEMBER. Predeceased or Prior Spouse Cases. If the member was married, and either (1) the member's spouse predeceased the member, or (2) the member's spouse died in the same accident as the member, or (3) the member is divorced: indicate the member's current marital status, the name of the current spouse, the name of the former spouse(s), and the name of the member's current next of kin.

OSCAR. Identification of a Potential Third Party Claim. If the member or the member's dependents are injured and receive medical care at Government expense or through CHAMPUS, and it appears that a third party is at fault, identify the third party involved.

2. [Unit POC and Phone #]

BT

NNNN

Next of Kin Notification

Coast Guard Policy is to notify the family of a deceased member in the following order in person. The following format should be used to make the notification after having first ensured you are talking to the Next of Kin in a private place.

Letter Format Used to Notify Next of Kin in Person

Mr. and Mrs. Jerry Jones
123 Main Street
Somewhere, CA 95123

Dear Mr. and Mrs. Jones

In Case of Death -

Type paragraphs (1) and (2) into the letter. After ensuring you are talking to the Next of Kin, in a private place, read para 1 out loud to the family. Then give the entire letter to the family.

- 1) I deeply regret to inform you on behalf of the United States Coast Guard that your (specify relationship, rate/rank, SSN) died on (date) at/aboard (place) as a result of (provide a brief description of cause of death). [If death not due to misconduct: Your (specify relationship) died while in the service of his/her country.] Please accept my most heartfelt sympathy in your great loss.
- 2) We hope we can be of assistance to you in your bereavement. We will transport the remains with an escort to any place you designate. Also, we will allow you an amount toward funeral and interment expenses not to exceed \$6900, for burial in a private cemetery or \$5,500 if remains are consigned to a funeral director prior to interment in a national cemetery or \$600 dollars if remains are consigned directly to a national cemetery. (Name and Phone # of CACO or DAO) has been assigned to give you every possible assistance.
- 3) Please be assured of the heartfelt sympathy and prayers of your (specify relationship) shipmates. A letter setting forth the circumstances of death will follow.

(Name, rate/rank, and title of unit commanding officer)

Continued on Next Page

Next of Kin Notification

Letter Format Used to Inform Next of Kin in Person or By Phone

Mr. and Mrs. Jerry Jones
123 Main Street
Somewhere, CA 95123

Dear Mr. and Mrs. Jones

In Case of Missing (other than in an unauthorized absence status)

I deeply regret to inform you on behalf of the United States Coast Guard that your (specify relationship, name, rate/rank, SSN) is missing as a result of (provide brief description of the cause and circumstances concerning missing status). The accident in which your (specify relationship) was involved occurred on (date) at (or in the vicinity of) (show location of incident). You may be assured that every effort is being made with personnel and facilities available to locate your (specify relationship). Your great anxiety in this situation is understood and when further information is available concerning results of the search now in progress you will be promptly notified. (Name and Phone # of CG Contact) has been assigned to give you every possible assistance.

Please be assured of the heartfelt sympathy and prayers of your (specify relationship) shipmates at this time of heartache and uncertainty. I join you in prayer for (his/her) eventual recovery alive.

(Name, rate/rank, and title of unit commanding officer)

Serious or Critical Injury or Illness.

With concern I regret to inform you on behalf of the United States Coast Guard that your (specify relationship, name, rate/rank, SSN) is (critically or seriously ill or injured) as a result of (provide brief description of circumstances of illness or injury). This occurred on (date) at (specify location). Your (specify relationship) is presently hospitalized at/on board (show location of place hospitalized) where you are assured that (he/she) is receiving the best possible medical care. Your great anxiety is understood and when further reports are available concerning (his/her) condition you will be informed. (Name and Phone # of CG Contact) has been assigned to give you every possible assistance.

Please be assured of the heartfelt concern and prayers of your (specify relationship) shipmates at this time of uncertainty. I join you in prayer for his/her speedy recovery.

(Name, rate/rank, and title of unit commanding officer)

ENCLOSURE 7
CASUALTY REPORTING EXAMPLES

Commanding Officer's Letter to the Next of Kin

Mr. and Mrs. Jerry Jones
123 Main Street
Somewhere, CA 95123

Dear Mr. and Mrs. Jones

Please accept my deepest sympathy on the death of your (Relationship), (Full Name and Rank of Deceased) and allow me to tell you what we know about the circumstances surrounding (His/her) death. [Provide sufficient facts concerning the casualty, search attempts, medical care, etc. to satisfactorily answer all immediate questions in the minds of the next of kin. See Article 11A-8, Coast Guard Personnel Manual, COMDTINST M1000.6 (series).]

[If member was missing and searches have not located the member's remains, include: "We regret that the extensive search for your (indicate relationship) has met with negative results" or "We regret that the extensive search failed to locate any trace of your (specify relationship)." Do not make any statement concerning termination of any searches.]

If you have any questions or need any assistance, please feel free to contact me at (999) 555-1234.

Sincerely,

M. R. ROBERTS
Lieutenant, U. S. Coast Guard
Commanding Officer

Letter Request for Death Determination When Member is Missing and No Conclusive Evidence of Death Exists

1771
15 May 2002

MEMORANDUM

From: M. R. Roberts
CG GP Anywhere

To: COMDT (G-L)
Thru: (1) CGD Fourteen (a)
(2) MLCPAC (I)

Subj: INCONCLUSIVE EVIDENCE OF DEATH

Ref: (a) Coast Guard Personnel Manual, COMDTINST M1000.6 (series)

1. In accordance with reference (a), a death status determination is requested in the case of (indicate rate/rank, name, SSN, branch of service) who is missing. Remains have not been recovered.
2. [Provide summary of circumstances of disappearance.]
3. [Provide all available details surrounding search efforts, including: the area of the search (latitude and longitude, and distance from nearest land); local conditions (such as depth of water, temperatures, other climatic conditions, and terrain); and extent of searches made.]
4. [Provide a summary of statements of survivors or of other personnel who may have pertinent information concerning the circumstances.]
5. [Provide the commanding officer's opinion and recommendation as to the possibility of survival.]

M. R. Roberts
CG GP Anywhere

Encl: (1) Supporting documentation

Expiration of Enlistment, Continued

**Example
Extensions
continued**

MK2 Williamson enlisted in the Coast Guard on 29 March 1988 for 04 years. He extended on 29 March 1992 for 2 years and 2 months, reextended on 29 May 1994 for 09 months, and is reextending on 1 March 1995 for 2 months.

- Step 1 - Determine date of entry into Coast Guard

88 03 29

- Step 2 - Plus term of enlistment

88 03 29	Date of entry (Enlistment)
+ 04 00 00	Term of enlistment
<hr/> 92 03 29	

- Step 3 - Minus 01 day

92 03 29	
- 01	Day
<hr/> 92 03 28	Normal expiration of enlistment

- Step 4 - Add term of first extension and subtract 1 day

92 03 29	First extension start date (day after original or adjusted expiration of enlistment)
+ 02 02 00	Plus term of extension
<hr/> 94 05 29	
- 01	Minus 01 day
<hr/> 94 05 28	

- Step 5 - Add term of first reextension and subtract 1 day

94 05 29	First reextension start date
+ 00 09 00	Plus term of reextension
<hr/> 94 14 29	
- 01	Minus 01 day
<hr/> 94 14 28	Convert to a true date to arrive at the new
95 02 28	Expiration of enlistment

- Step 6 - Add term of second reextension and subtract 1 day

95 03 01	First reextension start date
+ 00 02 00	Plus term of reextension
<hr/> 95 05 01	
- 01	Minus 01 day
<hr/> 95 05 00	Convert to a true date
95 04 30	

95 Apr 30 Final expiration of enlistment date

Creditable Sea Duty

Introduction

Computation of creditable sea duty is similar to computation of creditable service:

- Consider all months on a 30-day basis. The 31st day of the month does not count **unless** the member serves less than 30 consecutive days.
- Calculate deductible time on a 30-day basis same as deductible time for pay purposes.
- Count TAD on a day for day basis.

Note: To compute TAD use procedure table #10 located in section E (quick reference tables).

- Creditable sea duty terminates on the 30th calendar day at 2400 after departure on TAD.
- Leave taken in conjunction with TAD is counted as creditable sea service provided the member was entitled to sea pay/time at the start date of the leave.
Note: Members whose career sea pay stops during periods of TAD or while ashore at a mobile unit are not entitled to career sea pay for periods of leave taken after the career sea pay has stopped. In this case career sea pay will not restart until member reports back to a career sea pay eligible vessel.
- TAD to a qualifying sea pay vessel from a shore unit is creditable sea duty regardless of length of time aboard vessel.
- Time spent enroute from one vessel to another is not creditable.

Continued on Next Page

Creditable Sea Duty, Continued

**Example #1
continued**

- Step 6 - Plus prior sea time: None, in this example.
- Step 7 - Convert to full years, months, and days

01 Year 00 Months 13 Days

Example #2

In this example we will compute a TAD period when leave is involved

While on board the CGC DALLAS member departed TAD to Support Center New York on 13 March 1990 and returned on 29 April 1990. Member used 5 days leave en route to TAD unit.

- Step 1 - List date following departure on TAD

90 03 14 Day following date of departure

- Step 2 – Add the number of days Leave used en route to the TAD unit. The result will be the adjusted TAD start date.

$$\begin{array}{r} 90\ 03\ 14\ \text{Date of departure} \\ +\ 00\ 00\ 05\ \text{Days of leave} \\ \hline 90\ 03\ 19 \end{array}$$

- Step 3 - Determine the last day of the month in the month member departed. (Beginning date month)

90 03 31 Last day of month

- Step 4 - Subtract the beginning date from the last day of month

$$\begin{array}{r} 90\ 03\ 31\ \text{Last day of month} \\ -\ 90\ 03\ 19\ \text{Beginning Date} \\ \hline 00\ 00\ 12 \end{array}$$

- Step 5 - Plus 01 day for inclusive date

$$\begin{array}{r} 00\ 00\ 12 \\ +\ 01\ \text{Inclusive Date} \\ \hline 00\ 00\ 13\ \text{Days TAD in March} \end{array}$$

Continued on Next Page

Creditable Sea Duty, Continued

Example #2
continued

- Step 6 - Add remaining days of TAD in the next month(s) up through prior date of return from TAD.

13	Days TAD in March
<u>+ 28</u>	Days TAD in April
41	Total days TAD

- Step 7 - Subtract days leave used en route from TAD unit to permanent unit (if applicable)

None in this example

- Step 8 - If total is 31 or more subtract any period of TAD over 30.

41	Total days TAD
<u>- 30</u>	Maximum allowed days TAD creditable for sea duty
11	Total days to deduct from sea duty.

**APPENDIX F
YOU AND YOUR LES**

YOU AND YOUR LES, Continued

**Block-by-Block
Description
(continued)**

Block	Title	Description
15	BAL EOM	Your leave balance at the end of the PERIOD COVERED. This amount will be identical to block 11 on your next month's LES, unless leave days are lost on 1 October (due to excess of 60 days leave).
16	LOS PR FY	The amount of leave in excess of 60 days that was lost at the end of the prior fiscal year (1 October).
17	SOLDCTD	The total number of days sold during your military career (after 9 February 1976).
18	USCGR TRA/PAY CAT	A three-character code indicating the reserve member's classification, class and training/pay category.
19	NAME	MAKE SURE THIS IS CORRECT.
20	RANK/ RATE/ GRADE	Your pay grade (e.g., W-2, E-5, O-3, etc.) MAKE SURE THIS IS CORRECT.
21	COST CODE	This number identifies the unit to which the member is assigned and is used for accounting purposes. Normally only HQ units and district offices have cost codes that differ from unit OPFAC's.
	PERSRU	Identifies the PERSRU that maintains the member's records.
	UNIT OPFAC	Identifies the permanent unit to which the member is assigned.
22	MAILING ADDRESS	This is your mailing address. MAKE SURE THIS IS CORRECT. NOTE: This is where your IRS Form W-2 will be sent.
23	DATE/ AMOUNT	The date and estimated amount of your next month's mid-month payment based on PMIS documents processed to date.
24	DATE/ AMOUNT	The date and estimated amount of your next month's end-month payment based on PMIS documents processed to date.

Continued on Next Page

YOU AND YOUR LES, Continued

**Block-by-Block
Description
(continued)**

Block	Title	Description
25	ENTITLE- MENTS	<p>Entitlements are amounts earned during the PERIOD COVERED. Some of the most common types of entitlements are:</p> <ul style="list-style-type: none"> • BASIC PAY; Amount per LES period (usually 1 month) based on your grade and years of service. This income is taxable. • BAH WITH DEP; Basic Allowance for Housing, members with dependents: Paid to members who are on active duty for more than 139 days, and the dependents are not assigned/occupying Government-owned or Government-leased quarters. • BAH II WITH DEP; Basic Allowance for Housing Type II, member with dependents. This entitlement appears in two instances: (1) a member with dependents is on active duty for more than 139 days, and the dependents are assigned to Government-owned or Government-leased quarters (a deduction in the same amount will be shown in block 27, itemized as ADEQUATE QTRS); (2) a reservist, with dependents, is on active duty for less than 140 days. • BAH WITHOUT DEP; Basic Allowance for Housing, members without dependents: Paid to members without dependents when the member is not assigned/occupying Government-owned or Government-leased quarters. Also paid to members married to another service member when the member does not qualify for BAH WITH DEP. • BAH II WITHOUT DEP; Basic Allowance for Housing Type II, member without dependents. This entitlement appears in two instances: (1) a member without dependents is on active duty for more than 139 days and the member is assigned to Government-leased quarters (a deduction in the same amount will be shown in block 27, itemized as ADEQUATE QTRS); (2) a reservist without dependents is on active duty for less than 140 days. • BAH DIFF; Basic Allowance for Housing Difference. This entitlement is paid to members authorized a basic allowance for housing solely by reason the member's payment of child support. It is an amount equal to the difference between BAH II WITH DEP and BAH II WITHOUT DEP. • BAH PARTIAL; Basic Allowance for Housing, partial: Paid to members without dependents who are assigned to shipboard quarters or unit barracks. This allowance is not paid if assigned/occupying Government-leased quarters.

Continued on Next Page

YOU AND YOUR LES, Continued

**Block-by-Block
Description
(continued)**

Block	Title	Description
25 (cont)	ENTITLE- MEMTS (con't)	<ul style="list-style-type: none"> • CLOTHING BMA and STD; Basic Maintenance Allowance and Standard Maintenance Allowance (Clothing Allowance): Paid only to enlisted members for the purchase/ maintenance of uniform items. • REG BAS and OFF BAS; Basic Allowance for Subsistence: Paid to members assigned to a unit without a Government dining facility. Officers always receive BAS since the Government does not provide meals to officers. • ENL BAS; Enlisted Basic Allowance for Subsistence: A type of BAS paid to enlisted members assigned to a duty station that has a government dining facility. If the member is required to eat meals at the dining facility, there will be a deduction shown in block 27, itemized as DISC MEAL RATE, which partially offsets the ENL BAS entitlement. • CAREER SEA PAY; Career Sea Pay: Paid to eligible members serving onboard a career sea pay eligible vessel. This income is taxable. • CAREER SEA PREM; Career Sea Pay Premium: An additional amount of sea pay paid each month beyond 36 consecutive months of sea duty. This income is taxable.
26	ALLOT- MENTS	<p>Allotments are monthly deductions for direct payments to payees as requested by the member. Some of the most common types of allotments are:</p> <p style="padding-left: 40px;">BOND - U. S. Savings Bonds CFC - Combined Federal Campaign CGA ASSOC - CG association dues CGMA - CG Mutual Assistance DEPENDENT - support to dependents INSURANCE - insurance premium LOAN - loan payment SAVINGS - savings NAVY M-AID - Navy Mutual Aid Insurance premium HOME MORT - home loan payment VEAP - enrolled in Veteran's Education Assistance Program</p> <p>NOTE: If you have enrolled in an educational program under the GI Bill of 1984 or Montgomery GI Bill, you will see "GI BILL" or "MGIB" in this block, even though they are not allotments. They actually reduce your entitlement to base pay and taxable income by the amount contributed during that year. Enrollment in the Reserve Montgomery GI Bill will not be displayed since there is no contribution by the member.</p>

Continued on Next Page

YOU AND YOUR LES, Continued

**Block-by-Block
Description
(continued)**

Block	Title	Description
27	DEDUCTIONS	<p>Deductions are administrative reductions from your gross pay in compliance with law and regulations. Some of the most common types of deductions are:</p> <ul style="list-style-type: none"> * ADEQUATE QTRS; Adequate quarters. Members assigned to government family quarters (leased or owned), or single government leased quarters, will have BAH II WITH DEP shown in block 25, and an identical ADEQUATE QTRS amount in block 27. * FEDERAL TAX; Federal tax withholding. The amount withheld is based on your marital status and the number of exemptions shown in block 41, which you claimed when you filed your most recent IRS Form W4. * STATE TAX; State tax withholding. Not every state requires withholding. The amount withheld is based on your marital status and the number of exemptions (or dollar amount) in block 36, which you requested when you filed your applicable state form. * FICA TAX; Federal Insurance Contribution Act withholding, also known as Social Security tax. Only basic pay is subject to this deduction, at a rate determined annually by Congress. * SGLI; Servicemembers' Group Life Insurance. The monthly premium cost of your Government life insurance coverage if you have coverage for yourself only. * SGLI/FAMILY; Family Servicemembers' Group Life Insurance. The monthly premium for member and spouse government life insurance. * TSP-BASE-DEF; Amount contributed to TSP from Base Pay. * TSP-SPEC-DEF; Amount contributed to TSP from Special Pay. * TSP-INCENT-DEF; Amount contributed to TSP from Incentive Pay. * TSP-BONUS-DEF; Amount contributed to TSP from Bonus Pay. * DISC MEAL RATE; Discount Meal Rate. Meal charge for meals provided at a government dining facility. * OVERPAYMENT; The deductions block will also indicate amounts withheld for repayment of overpayments or debts to the Government. <p>NOTE: The "Remarks" section at the bottom of the LES will explain the situation; the amount of the original debt, the amount collected this period and the balance due.</p>

Continued on Next Page

**APPENDIX F
YOU AND YOUR LES**

YOU AND YOUR LES, Continued

**Block-by-
Block
Description
(continued)**

Block	Title	Description
28	AMOUNT BF	The amount brought forward (unpaid balance) from the previous month. It should be identical to the amount in block 33 of the previous month's LES.
29	ENTITLE- MENTS	The total sum of block 25 amounts.
30	ALLOT- MENTS	The total sum of block 26 amounts.
31	DEDUC- TIONS	The total sum of block 27 amounts.
32	NET EARNINGS	Block 28 plus block 29 minus blocks 30 and 31. This is your total take home pay for the PERIOD COVERED by the LES.
33	AMT TO BE CF	Any amount unpaid this period. This amount should be identical to the amount in block 28 on your next month's LES.
34	INCOME YTD	Total income subject to state tax withholding this calendar year including this period.
35	TAX W/H YTD	Total state income tax withheld this calendar year including this period.
36	EXEMPT	Your marital status and number of allowances claimed or the dollar amount of exemption claimed.
37	LEGAL RESIDENCE	The state you claim as your legal residence for state tax purposes.
38	TAX INC THIS PD	Income subject to federal income tax withholding for this period.
39	INCOME YTD	Total income subject to federal income tax withholding this calendar year including this period.
40	TAX W/H YTD	Total federal income tax withheld this calendar year including this period.
41	ALLOW- ANCES	Your marital status and number of allowances claimed for federal income tax withholding purposes.
42	ADD'L W/H	Additional federal tax withheld for PERIOD COVERED as requested on your most recently filed IRS Form W-4.

Continued on Next Page

**APPENDIX F
YOU AND YOUR LES**

YOU AND YOUR LES, Continued

**Block-by-
Block
Description
(continued)**

Block	Title	Description
43	FICA WAGES	Wages subject to FICA (Social Security) tax withholding for this period.
44	FICA WAGES YTD	Total wages subject to FICA (Social Security) tax this calendar year including this period.
45	FICA TX YTD	Total FICA (Social Security) tax withheld this calendar year including this period.
	REMARKS	This section frequently contains items of importance as well as additional information about your leave and earnings. It may simply call your attention to one of the amounts shown on the LES or it may address other PMIS/JUMPS issues. In any case, the remarks are important, and if you don't understand them, or any other area of your LES, you should get an explanation as soon as possible from your unit's PERSRU or administrative officer, executive petty officer, or executive officer as appropriate. Don't forget to let your supervisor know as well.

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